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ARTICLE I.

LECTURES ON MILITARY SURGERY:

DELIVERED DURING THE SUMMER COURSE OF THE MEDICAL
DEPARTMENT OF LIND UNIVERSITY.

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LECTURE THIRD.

MARCHES.

Troops upon the march usually proceed by public highways in long columns. As time is the very essence of military plans, a greater speed in marching is often equivalent to superiority of force. Hence men are not unfrequently urged over a great distance in a single day, and in these cases a number of them will usually succumb to the heat, dust and fatigue, so far as to require the Surgeon's assistance. For this purpose, the Surgeon should ride in the rear of the column, in order that men who become sick or exhausted may step out of the ranks and wait until the Surgeon comes up. He should then examine them, prescribe for them, and either order them back to the ranks, or assign them a place in the wagons, according as they are or are not able to proceed on foot. Some discretion is to be used in this duty, lest lazy men impose on the humanity of the medical officer, and feign sickness, in order to obtain an opportunity to ride.

If the Surgeon, or any other mounted officer has occasion to ride past the column, he should proceed by the leeward side, in order that the dust raised by the horse may not add to the discomfort of the men.

Some of the men in every long march suffer from sore feet. This generally results from ill-fitting shoes or from sweaty feet. New shoes are particularly liable to hurt the feet. In providing for recruits, therefore, care should be taken that no man has a pair which pinch. Some men are troubled with inordinate sweating of the feet, even in very cool weather. In these cases, the stockings are soon wet, and the cuticle becoming softened and macerated, rubs off, and the feet become terribly sore. The preventive remedy for this evil is simple and effectual: Let the man put an ounce of finely powdered alum in the bottom of each stocking, and he will walk all day, for a week or two together, with perfectly dry and comfortable feet. After awhile, as the effect of the astringent wears off, the sweating may show signs of returning, when a repetition of the same remedy will, as before, effectually suppress it.

In the middle of the day the men are halted for dinner. Care should be taken that this halt is made where good water is obtainable.

At night the troops either "bivouac" or encamp.

The bivouac is simply the usual arrangement of guards, etc., which are adopted in any encampment; but the men lie down without shelter on the open field. This method of repose is adopted whenever the men from any cause are separated from their tents, or when from urgent danger, it is unsafe to have them leave their position on the field to go into camp.

Such circumstances often allow no chance to look after sanitary measures, but if possible, high and dry ground should be chosen, free from malaria and moisture. If the weather is cold, the sheltered side of a hill, or a forest, may be selected, and unless the secrecy of the location is to be preserved, fires should be built. Where parties are forced to bivouac in deep snow, great comfort is obtained by covering the men with snow outside of their blankets, or by burrowing into drifts for a lodging, as was practiced by Dr. Kane in the North.

CAMPS.

At the end of a day's march, the army usually encamp regularly under tents. The spot being properly marked out, the men await the arrival of the tents, which they pitch in regular rows, so as to form streets. While waiting for the tents, they gather wood for fires, and prepare for cooking their supper. Supper being over, they retire to rest. Among volunteer soldiers, great laxity is apt to prevail in these duties. Neither they, nor their officers being aware of the necessity of adhering to the regulations for the sake of health. If the men are exhausted, they are prone to lie down on the grass in wet or sweaty clothes, and fall asleep, neglecting both their supper and their tents. In the night they get chilled, and by morning, have laid the foundation of many cases of diarrhoea, dysentery, and fever. It is the duty of the Surgeon to show the officers the danger of this negligence. The men, in spite of their weariness, should be forced to cook and eat their suppers, and pitch their tents promptly and regularly, and if wet, to change their clothes. They will then sleep soundly, and wake in the morning invigorated for renewed exertions, instead of sickened and prepared for the hospital.

If the camp is to be occupied for a considerable time, some extra care is required. First, the location should be a healthy one. Next, the men should be provided with hay or straw to sleep upon, and this litter must be turned out and aired on every dry day. The tents should each be surrounded with a slight trench, to take off any surface water which may accumulate during rains. A privy must be constructed for the use of the men, in a suitable place. The regulations direct the privy for the men, to be located one hundred and fifty yards in front of the color line, and that of the officers, to be one hundred yards to the rear. Surgeon Tripler, U. S. A., advises instead of this, that both be put always on the side towards which the prevailing winds blow, in order to avoid the effluvia arising from them.

The construction of these temporary sinks is as follows: A trench is dug, about ten or twelve feet in length. At each end a strong forked stake is planted and a heavy pole

laid upon them, across which the soldiers sit. The whole is enclosed by placing a thick row of bushes around it. After a few days the trench should be carefully covered up and a new one dug.

Among volunteers great care is required to make the men observe the laws of camp cleanliness. They are prone to scatter portions of their rations among their straw, or throw them upon the ground about the tents, and even to excrete their urine upon the ground in the vicinity, instead of going to the sink prepared for the purpose. Such deposits begin, in a very few days, to contaminate the air of a camp, and to produce an increase of diarrhœa and dysentery.

TENTS.

A variety of tents have been used for military purposes. The most common is the ordinary square ridge-pole tent. This is light, and sufficiently comfortable for summer campaigns. It is rendered more capacious sometimes, by pitching it higher, and adding a perpendicular cloth or curtain from the eaves to the ground. This constitutes the "wall tent."

In cold weather, circular, or rather conical tents are preferable, on account of the less surface which they expose to the cold air. For winter or autumn use, our Government sometimes employ the "Sibley tent." This is constructed after the pattern of the Camanche lodges. It is conical, and being intended to contain a fire, has an opening at the top for the exit of the smoke. The centre pole does not reach the ground, but stands upon the top of an iron tripod, under which the fire is built and to which a kettle may be hung. In winter, a basement is dug about three feet in depth, which protects the men from wind and very much increases their comfort. At the summit of the cone a sort of wind sail or wing is attached for summer use, which serves to direct the current of air for ventilation. These tents, which will accommodate twelve men each, were used by our army in Utah during an entire winter in that severe climate, and were found to render the men perfectly comfortable.

A variety of other tents have been devised for camp life, but the discussion of their merits in full, belongs rather to the military than to the medical officer. A very fine wall tent may be seen at the encampment of the Sturges' Rifles, near this city.

HUTS.

In cold weather it is often necessary to construct huts for the camp. In timbered regions these may be built precisely like the log cabins of the early settlers. In rocky countries stone huts may be erected; and in any region very warm huts may be made by sinking a pit in the ground and roofing it with turf, boards or tent cloth.

The huts must always be surrounded with ditches to take away the surface water.

BAARRACKS.

Permanent barracks are built of brick, stone or iron, but those for temporary use are often constructed of rough boards.

In planning these edifices, it must be borne in mind that bad ventilation will cause more deaths by sickness than all other errors combined.

To avoid such evils, a very free supply of fresh air should be admitted at or near the floor of the rooms, and the foul air allowed to escape at the top. The apartments should be lofty, and, if possible, should allow the same space per man as a hospital, viz., one thousand cubic feet. In addition to the wards for sleeping, there must be spacious halls and staircases; and lastly, wide verandahs, in which the men can sit protected from the sun, without crowding together in the sleeping rooms.

HOSPITALS.

The place where the sick and wounded are taken care of, whether within walls of canvas or of hewn stone, is called the Hospital.

The persons connected with the Hospital are—1st, The Surgeons and Assistant-Surgeons; 2d, The Steward; 3d, The Ward Masters; 4th, The Nurses; 5th, The Orderlies and other subordinates.

The senior medical officer of any separate division of the

army is called the Medical Director. He is obliged to keep the muster and pay rolls of the attachés of the hospital, including such patients as are transferred to him from other corps. He appoints one medical officer, whose business it is to see that proper supplies are always on hand, and who is called the Medical Purveyor. All requisitions upon the Purveyor are to be approved by the Director. Regular returns are, of course, made of all these things to the authorities above them, and for this purpose blank forms are provided for every report.

The senior medical officer of a regiment or hospital keeps a register of patients, a book for recording cases, an order book, a letter book, and a prescription and diet book. The latter is carried by an attendant on his rounds among the patients, and the directions for medicine and diet entered at once on the spot. At permanent military posts the Surgeon is also obliged to keep a constant meteorological register.

At a regular hour in the day the Surgeon's Call is beaten, when the first sergeants bring forward to the hospital all the sick in their companies, presenting a list. In camp this call is beaten in the morning, and on marches in the evening. The Surgeon examines the patients and orders such as are too sick to remain in quarters, into the hospital. Those who are convalescent or slightly sick are returned to their quarters, and those who are well, and only pretending to be sick, are ordered on duty. A daily report is made to the commanding officer, that it may always be known who and how many are fit for service.

Finally, the medical officer selects the matrons, nurses and cooks for the hospital, and uses his authority to see that they execute their duties faithfully.

The Steward has charge of the material affairs of the hospital.

The Ward Master is one of the nurses, and looks after the bedding, etc.

The nurses are generally taken from the ranks, and one nurse is allowed to every ten patients. From the nature of the case a large part of the nurses must be males; but since the exploits of Florence Nightingale in the Crimean war,

female nurses have been admitted in the British army. In the United States the same experiment is being tried. Miss Dix, famed for her influence in originating insane asylums in every part of the United States, has been placed in charge of the appointment of female nurses and of their introduction to their duties. Miss Dix has hitherto remained at Washington and Fortress Monroe, while Mrs. Yates, as her subordinate, has charge of the female nurses at Cairo, in this State.

The requirements of a female nurse are, that she shall be over thirty years of age, shall be sound and vigorous in body, and shall present sufficient testimonials, signed by clergymen and physicians, attesting her moral character and her capacity in her profession.

One cook is allowed for every thirty patients.

The Steward has the pay of an Orderly Sergeant. The Matron has six dollars a month and one ration a day. The cooks and nurses taken from the ranks receive the common pay of soldiers, with twenty-five cents a day extra.

It is probable that the introduction of female nurses in field hospitals will not be attempted, but their employment, under judicious selection and management, must be of great advantage in general hospitals. It is easy to see that the patients may thus receive a more kindly and home-like care than they ordinarily get from their untutored or half tutored comrades.

ARTICLE II.

DEATH FROM PROLONGED IRRITATION OF THE LEFT PHRENIC NERVE.

Reported by J. H. HOLLISTER, M. D.

The pathological symptoms in the following case were so marked, as to lead to a correct diagnosis of the difficulty, and so plainly attest the function of the phrenic nerve, that I am induced to present the facts for publication.

Case.—M. E., American; aged thirty-three; height six feet; figure rather slight, but finely developed; remarkably athletic.

I saw this gentleman in consultation with his father, who is a physician, on the 17th of February, 1860, and received

The Patient's History of the Case:—He had enjoyed uninterrupted good health until the previous July. During this month, he was twice ill, but was unable to give a clear statement of the nature of the attacks. In each instance he fainted, and was *bled*. In October, nearly three months later, while in a standing position, and exerting himself to the utmost, in raising a weight above his head, he fell senseless to the ground. His consciousness returned in a short time, and he was removed to his house and placed in bed. He suffered most excruciating pain in the region of the sixth dorsal vertebra, and was obliged to lie, for many days, nearly upon his face. His mental powers, during this period, were not impaired; there was no paralysis of the limbs, nor derangement of secreting organs. He was entirely unable to turn himself, however, from the most excruciating pain, which the least flexion of the spine produced. He was treated for local injury, and though always suffering severely from the least pressure upon the spinous process of the vertebra referred to, had so far recovered, as in January following, to make a single carriage drive of thirty miles. His business demanded his undivided attention, and while thus engaged, having had neither rest nor food since the exertion of riding, he was seized with convulsions, from which he rallied in about one hour. He soon recovered sufficiently to return home, and appeared much the same, as for the previous two months. Sixteen days later, he had a second attack, with slight tetanic spasms, and loss of consciousness for a little time. Twenty-three days from this time, he was somewhat recovered, and had accomplished a journey of two hundred miles to this city.

Appearance.—At the time of my first visit, he had the general symptoms of prostration which might be anticipated.

His appetite was failing, and gradual emaciation showed a failure of the assimilative powers. The peculiar symptom which first attracted my attention, was a *hacking cough* with every inspiration. There was no cessation, day nor night, and the patient was perfectly prostrated from constant effort,

which almost entirely deprived him of sleep. A careful examination revealed no disease of the lungs, but the fact that every movement of the diaphragm produced a spasmodic expulsion of the inhaled air. The difficulty yielded to no treatment which we could devise. The cough was more prolonged, and excited by almost every breathing. The patient rapidly failed, literally *worn down* from want of rest. A week later the cough was less, but *now*, there was, with each descent of the diaphragm, a violent effort at vomiting. Little, if any, food or drink was retained, and exhaustion was rapid.

The vomiting changed, as the patient sunk, into a most distressing hiccough, which continued for some two days, when he expired.

Diagnosis.—There had been no derangement of organic functions to cause apprehension, from the time I first saw him. He evidently died from the continued spasmodic action of the diaphragm disturbing 1st, the respiration, 2d, the normal action of the stomach, and 3d, where debility was now marked—ending in simple spasmodic hiccough. The sensitiveness over the sixth dorsal vertebra had remained, though less marked than formerly. It seemed evident that by reason of injury to the spinal cord, for some reason which we could not explain, the cervical plexus of nerves must be sympathetically affected, and the irritation transmitted by one or both of the phrenic nerves to the place of distribution.

Autopsy:—Eighteen hours after death. Body much emaciated; in other respects, there were no unusual appearances.

Several of the neural arches being removed in the dorsal region, the left lamina of the sixth vertebra was found fractured transversely, and without any evidence of an effort at reunion, although the injury was of nearly eight months standing!

There was a small amount of dark deposit within the arch, resulting from partial re-absorption of more or less blood-clot.

The arachnoid membrane was considerably thickened, but the cord itself presented no abnormal appearance, except a slight discoloration. We now turned the body, to trace the phrenic nerves in their course through the thorax. And

here, the immediate cause of death seemed evident. Upon the left side, upon the anterior surface of the pulmonary aorta, near its base, as the nerve passed between the pleural and pericardial structures, it was raised from its ordinary course nearly half an inch, by an *enlarged lymphatic* gland. The tumor had a broad base, with a sharp ridge-like apex, dense, and unyielding, over which the nerve passed, so tightly drawn as to be imbedded about the depth of its size in the abnormal growth. The tumor, separate from other tissues, weighed *half an ounce*. The nerve presented no unusual appearance above or below the points of pressure, but when traced to its distribution, upon the upper surface of the diaphragm, there was brought to our view one of the most interesting pathological appearances I have ever beheld. We traced the nerve with care, from the point of its contact with the diaphragm, in its distribution beneath the pleural covering. And as from a centre, there was, in the direction of the larger branches of the nerve, a most beautiful capillary injection, deeply *arterial* in color, near the central point, and shading in finer distributions, till lost in the pale rose-color of the tissues around. An injection more beautiful can hardly be conceived. A faint resemblance is found in some of the finer specimens of the *Red Sea Algae*, when skilfully displayed and dried upon paper.

No other abnormal appearances were found in any of the viscera. Here had been a train of symptoms which could be perfectly accounted for, by the appearances before us—the evidence of *nerve irritation* being *unquestionable*, and we are only left to *speculate* upon this question—Was the enlargement of the lymphatic gland a matter of accident independent of the spinal injury? or *was the nerve sympathetically affected, and this gland induced to take on abnormal growth by reason of this irritation?*

DR. THOMAS TURNER, Passed Assistant-Surgeon in the Naval Laboratory, has seen old sailors cut potatoes into slices, and then pack them in a barrel with molasses. The molasses preserves the potatoes, and the sailors eat them raw, as an anti-scorbutic.—*Hamilton's Military Surgery.*

ARTICLE III.

CIMICIFUGA RACEMOSA.

SIMPSON, PARRISH AND DAVIS.

[In looking over a recent file of the *Medical and Surgical Reporter*, (Feb. 16th, 1861,) our attention has been attracted by an article from the pen of Mr. EDWARD PARRISH, one of the most eminent of American Pharmacentists; but in which he displays a want of familiarity with the literature of his profession, hard to account for on any hypothesis at all flattering to himself. If we mistake not, Prof. P. still holds his chair in the Philadelphia College of Pharmacy, and is honorably connected with the American Pharmaceutical Association, as well as with other home organizations. Yet in the course of his article, which is composed of therapeutical and pharmaceutical notes on *Cimicifuga*, occurs the following:

"The results, in this case, seem to indicate a trial of cimicifuga in anomalous cases of nervous disorder resisting ordinary stimulant and sedative treatment, and the many cases of chorea and rheumatism on record in which it has been found effectual, the testimony now coming across the water from the distinguished Edinburgh Professor, who has used it successfully in puerperal hypochondriasis, must draw increased attention to it as filling up a gap in the materia medica. Of the drug itself, too little is known by practitioners, who, in their daily rounds, pass by its nodding racemes projecting above the fence-tops, from Canada to Florida, without the least chagrin that some of its most valuable adaptations should be first brought to notice in a foreign land."

Of the merit and value of these strictures, the reader may easily satisfy himself, by a comparison of the subjoined, reprinted from the first volume of the *Transactions of the American Medical Association*, and the article of Prof. Simpson, among our *Selections*. Dr. Simpson will be found to have done American Pharmacy fuller justice than its Philadelphia representative, though he, by quoting an isolated sentence from the original report, makes the writer father an exaggeration, which exists only by this unintentional garbling. It will be seen, by a perusal of the Report, that the sentence quoted by Prof. Simpson, viz: "We have no more doubt of

the efficacy of *Cimicifuga* in the early stages of acute rheumatism, than of the power of vaccination as a preventive of variola," is by no means the broad, sweeping assertion, with its context, that it seems isolated and unsustained.

What we had particularly in mind, however, in noticing this matter, is the lamentable tendency so prevalent in the profession to eagerly swallow any, the most exaggerated and monstrous, doctrines, inventions, remedies and *isms*, if they but come from "across the water." What divine virtue there is in a sea-voyage for a new fact or truth, we are unable to discern; but no one of our readers will be at a loss to call to mind more than one even ludicrous instance of this tendency to worship anything foreign—instances where, as in the present case, the matter originated here, had been transported to Great Britain or the Continent, translated, re-vamped and shipped back again, to be eagerly welcomed, re-translated and lauded by the very men, and those only, who had ignored its claims while it was yet untraveled. In this instance, it will be seen that not a single one of the adaptations of *Cimicifuga*, valuable or otherwise, was "first brought to notice in a foreign land;" and it is difficult to see how Prof. PARRISH could arrive at such a conclusion, with Prof. Simpson's article before him.—JUN. ED. EXAMINER.]

CIMICIFUGA RACEMOSA: *Actæa Racemosa*. *Black Cohosh*. Polypetalous exogenous. *Nat. Ord.* Ranunculacæa. *Sex. Syst.* Polyandria di Pentagynia.

The stem is simple, herbaceous, somewhat furrowed, from three to six feet high; flowers in a long terminal raceme with oftentimes one or more shorter ones at the base. The flowers are white, on short pedicles with small subulate bracts: calyx white, sepals four, rounded; petals small, shorter than the sepals, and cleft at their apex; stamens numerous with yellow anthers; pistil oval, with a lateral sessile stigma; the capsule is ovoid, dry, with one cell, containing many small flat seeds. The leaves are alternate, one nearly radical, large, decompose, and tripinnate; upper one bi-pinnate. Leaflets sessile, opposite, three to seven, dentate. The root is large, black, and fleshy, with numerous long, slender fibres. The root only is considered medicinal.

It has been used to a limited extent by the profession for many years; but its real properties are little understood. Indeed we are satisfied that the prevailing opinions in regard to its action on the system are entirely erroneous. Thus, we are told by Drs. Wood, Griffith, Lee, Williams, and others, that it is a stimulating tonic. By Dr. Chapman it is ranked among the expectorants; and by Dr. Martyn Payne in his recent *Manual of Materia Medica*, it is represented as a stimulant diaphoretic. In the United States Dispensatory, the almost universally received standard of authority in this country, we are told that the '*Cimicifuga* unites with a tonic power, the property of stimulating the secretions, particularly those of the skin, kidneys, and pulmonary mucous membrane.' None of these opinions accord with our own experience in the use of this root; and we have used several pounds of it during the last few years, and in a considerable variety of diseases. We have never known it to produce a perceptible increase in any of the secretions of the system, nor has it the slightest stimulating qualities. But we have uniformly found it to lessen the frequency and force of the pulse, to soothe pain, and allay irritability. In a word, it is one of the most purely sedative agents we possess, making its impression chiefly on the nervous system of organic life. In large doses it produces vertigo, dimness of vision, and a depression of the pulse, which remain for a considerable time. These observations are directly confirmed by the experience of Dr. F. N. Johnson of this city, who has used it freely, both in his extensive private practice, and in the wards of the New York Hospital. He informs us that he has at different times selected more than twenty cases of acute inflammatory rheumatism, including the severest forms of that painful affection, and treated them with the *Cimicifuga*, for the purpose of fully testing its powers in that disease. The results were satisfactory in the highest degree, every vestige of the disease disappearing in from *two to eight or ten* days, without inducing any sensible evacuation, or leaving behind a single bad symptom. These trials have been repeated by Dr. Johnson, myself and others, until we have no more doubt of the efficacy of *Cimicifuga* in the

early stages of acute rheumatism, than we have of the power of vaccination as a preventive of variola. Dr. Johnson found the most acute and severe cases that ever came under his observation, to yield to its influence, not only more speedily, but more perfectly and with less danger of metastasis to other organs, than to any other form of treatment.

The only visible effects of the medicine are diminution of the force and frequency of the pulse, disappearance of the arthritic pains and inflammation, with occasional vertigo or disposition to fall on attempting to assume the erect attitude. We place the more reliance on these observations of Dr. Johnson, not only on account of his deservedly high reputation as a practitioner, but because many of his trials were made in the wards of the hospital, where cases could be selected, and all the elements of comparison were much more perfect than in private practice. We are well aware that many other practitioners have used the *Cimicifuga* in rheumatism without the same happy results. But in every instance where we have had the opportunity to make the inquiry, we have found that they had mistaken the kind of cases, and the stage of the disease to which it is most applicable. From its being almost uniformly represented by medical writers as a stimulating excitor of the various secretions, the inference has been very naturally drawn, that it could only be applicable in the sub-acute and chronic forms of the disease, or at most, in the latter stages of the acute form. Whereas, in truth, these are precisely the class of cases in which it proves of comparatively little value; for its curative powers being dependent entirely on its *sedative* influence, exerted (as we believe), through the nerves of organic life, it can only prove effectual when given in the early stages, before the occurrence of those fibrinous deposits around the ligaments and parts affected, which so generally occur in the latter stages of protracted acute cases, and in all the more chronic forms of the disease. It may prove serviceable as an adjuvant to other remedies even in such cases, but it is only in the acute form of rheumatism that its own complete curative power is exhibited. And, indeed, we may say, as expressed to us by Dr. Johnson

a few days since, that *the more acute the disease, the more prompt and decided will be the action of the remedy*. The properties we have attributed to the *Cimicifuga*, will readily suggest its applicability to the treatment of many other forms of disease besides rheumatism. And experience has already proved it valuable in some forms of chorea, hysteria, and other nervous affections.

The first paper concerning its effects in the treatment of chorea which has fallen under our notice, was from Dr. Young in the *American Journal of Medical Sciences*, vol. ix. p. 310, Feb., 1832. He there details several cases of this disease promptly and effectually cured by *Cimicifuga* alone. Since that time so many other similar cases have been reported by different writers, that we can no longer doubt its efficacy in this and kindred diseases when judiciously administered. We say judiciously, because it is not alike applicable to all the cases of any form of disease. Thus we may have chorea from the presence of worms or indigestible food, or other irritating matters in the alimentary canal, and no rational man ought to expect the cure of such cases by using a remedy that generally induces no sensible evacuations whatever. But in all those cases arising from undue irritability or mobility of the nervous system, a state so common in girls about the period when the menses ought to make their appearance, and which may be induced in both sexes by exposures to cold or other accidental influences, and even in those cases which may be kept up by what has been termed habit, after irritating matters that might have existed in the alimentary canal have been removed, we shall find the most decisive and successful results from the use of *Cimicifuga* in proper doses.

We recollect being called, about two years since, to see a young man several miles in the country, who was laboring under the most severe form of chorea that we ever saw. He was almost constantly in a state of irregular and severe muscular action; so much so that he could scarcely walk across the room, and sometimes so violent that it took two or three persons to keep him from injuring himself. The intervals were so short and imperfect that he scarcely got any

sleep for weeks. A neighboring physician, under whose care he was, had tried all the ordinary remedies, including bleeding, blistering, emetics, cathartics, anodynes, antispasmodics, stimulants, and alteratives, both mineral and vegetable. On a careful examination I could not detect any local or inflammatory affection; almost the only indication of a morbid state consisting in a moderate increase of heat in the head. The case had plainly originated from a sudden exposure to cold while warm from hard labour. I directed the free use of a decoction of the *Cimicifuga* root, and the pouring of a stream of cold water over the occiput every hour until my next visit. Thirty-six hours after, I found him lying quietly in bed, considerably exhausted, and with a pulse not exceeding 60 per minute. The cold water was discontinued, the decoction given less freely; no return of the disease took place, and in a week or ten days the young man was again engaged in his labour. How much of the prompt and decisive effect was produced by the cold water, and how much by the *Cimicifuga*, the reader can judge for himself. We have no doubt but the influence of both was important, the first temporary, the latter permanent.

But it was in pulmonary affections, particularly in the early stages of Phthisis, that this remedy first attracted the notice of the profession. So early as 1823, Dr. J. S. Garden, of Charlotte, Va., published a paper in the *Medical Recorder*, in which he details its influence in his own case, as well as in several of his patients. In reference to his own case he says: "Shortly after commencing the use of this remedy, the hectic paroxysms, which had attended me some time previously, were entirely checked, the nocturnal evacuations from the surface of the body began to diminish, the expectoration of a fluid from the vessels of the lungs and bronchia, resembling pus in appearance, was speedily arrested; the cough became much less troublesome and less frequent. My pulse, which for some time before, was never lower than 100 to 120 pulsations to the minute, was reduced to the medium standard; the pain in my right breast and side left me, my strength and appetite began to improve, and I speedily abandoned the use

of all medicines or other means, except attention to regimen and exercise. A period of twelve months or more had elapsed, from my primitive ill health to the time of using this medicine, during which time I had been bled freely and copiously, kept up a constant discharge from the surface of my breast by the use of blisters, setons, etc., and adhered strictly to a vegetable regimen, but without any relief." And in regard to the *modus operandi* of the medicine, he says: "It certainly possesses the power in an eminent degree of lessening arterial action, and at the same time imparting tone and energy to the general system." In vol. V., new series, of the *American Journal of Medical Sciences*, 1843, the same writer again recurs to the use of this remedy, the utility of which only seems to have been confirmed by his subsequent experience of twenty years. In vol. IV. of the same journal we have an article from Dr. Charles C. Hildreth, of Zanesville, Ohio, on the use of the *Cimicifuga* in phthisis pulmonalis, in which he details three cases of this disease successfully treated by this remedy in conjunction with Iodine. He agrees fully with Dr. Garder, whose opinion in regard to its mode of action and effects we have already quoted. We have never relied on this remedy alone in treatment of any of the forms of pulmonary disease; but we have used it much in all the forms of tuberculous or scrofulous diseases, and with the most gratifying results, when combined with the preparations of Iodine. For some cases, and further observations on this point, we must refer the reader to an article in the *New York Journal of Medicine and Collateral Sciences*, vol. V. p. 314; premising, however, that since that article was written, our experience has satisfied us that the remedy is neither a stimulant or sensible promoter of the secretions, but a most valuable *sedative* in the true sense of that term. We have not been able to verify its reputed specific action on the uterus; though in many cases of severe headache, apparently depending on simple irritability of the brain in females of delicate habits, I have prescribed a decoction of the root in doses of a wineglassful every three or four hours, with the most prompt relief. Several attempts have been made by different individuals to

analyze the root, without any very satisfactory results. It is certain, however, that it yields its specific virtues to alcohol more perfectly than to water. Hence it should generally be used in the form of saturated tincture, or in substance, pulverized. The first is prepared by macerating four ounces of the root in a pint of diluted alcohol, of which from thirty to sixty drops may be given every one, two, four, or six hours, according to the nature and severity of the case.

In acute rheumatism, from thirty to sixty gtt. of the tinct., or twenty grs. of the powdered root should be given to an adult every two hours, until its effects are manifest.

ARTICLE IV.

CONSERVATIVE SURGERY.

A Case by H. WANZER, M. D., of Chicago, Ill.

The following case may serve to show how much may often be gained for the benefit of a patient, by not being in too much haste to amputate injured members.

M. B—, a boy aged fourteen years, was brought to my office, May 4, 1861. He had been incautiously manipulating with a circular saw, during which, the left hand became engaged, and the index and middle fingers nearly amputated, at the base of the first phalanges. The skin, fascia, bones, flexor tendons, and digital arteries were divided, so that the ends of the fingers could be easily turned over upon the dorsal surface, leaving only a connection of integument and cellular tissue. The ring and little fingers were injured, but not so severely.

But for the solicitation of one of my assistants, I should have amputated the index and middle fingers. I, however, consented to bring the parts in apposition and retained them by sutures and adhesive straps; gave him a full dose of morphia to allay pain and induce sleep. The next day I found him suffering considerable pain and fever, and the hand considerably swollen; ordered an alterative with Dover's Powder internally, with cold water dressings to the hand.

May 6th—Patient more comfortable, and hand less swollen. Continued the cold water dressing, and a few grains of Pulv. Doveri at night to procure sleep.

May 10th—Removed the sutures and found that none of the surfaces had united by the first intention, but had commenced granulating with considerable purulent discharge. I enjoined strict cleanliness with dressings of simple cerate.

From this time the process of reparation went on regularly until the fingers were perfectly restored except a part of the last phalanx of the index finger.

ARTICLE V.

CASE OF SUPERFÆTATION.—PLACENTA PRÆVIA.

EDITORS EXAMINER:—We have at present a case under treatment, of what we call *Superfætation*, existing for some two years or more, and since the commencement of which, the female has conceived and brought forth a healthy child, at full term, and now six months old. The sac finally pointed externally, and was opened; but the point of interest is, that a large quantity of hair has escaped, varying in length, from two to ten or twelve inches. Please account for the length of the hair. I have it for inspection.

I have had also a case of *Placenta Prævia*, where the foetus was completely enveloped in the placenta, as in a shut sack; where ergot of known strength had no effect, and upon attempting to introduce the hand, for the purpose of turning it was found impossible to penetrate the placental mass. As a last resort, the placenta was ruptured over the vertex—that being the presenting part—and the child delivered with the forceps. The child was of course lost from previous hemorrhage, but the mother recovered without a bad symptom. I should state that after the child was delivered, I had to introduce the hand and carefully detach the adherent placenta.

Yours respectfully,

J. H. APPERSON.

The Clinique.

MARINE HOSPITAL—SERVICE DR. ISHAM.

Cases reported by A. D. ROUSE, Student of Medicine.

I. *Complete Amaurosis : Recovery.*—Wm. Smith, age 34, native of Sweden, good constitution, temperate habits, was admitted May 19. Has never had any serious illness, but for the last nine years has been troubled, at intervals, with severe attacks of headache, for which he found no relief. During this period of time, his appetite was deranged, and his bowels habitually costive. On the 18th of May, while standing at the helm, he was seized with a severe itching, fulness and burning, with diminution of sight in the right eye; for instance, as he looked at the compass he found his vision variable and defective. By the next day, (that of his admission) these symptoms had subsided, leaving the eye entirely blind. Immediately, the left eye began to be similarly affected, and by the 21st, almost total blindness had occurred, the patient not being sensible of the sudden approach of a lighted candle to the face. Examination revealed the media of the eye healthy, slight congestion of the retina, pupils very sluggish, and unnatural fulness of the eyes; tongue morbidly clean, bowels constipated, appetite poor, pulse 85; diagnosis, amaurosis. This was confirmed by an examination of the patient by the oculist, Dr. Holmes.

Believing that the disease depended upon a congestion of the nervous optic apparatus, produced by disorder of the digestive organs, distinguished by the French under the name of *éblouissement*, the Prof. placed him upon treatment accordingly. Wet cups were repeatedly applied to the temples, and a succession of blisters applied to the forehead, nape of neck, and behind the ears. He was purged with combined doses of calomel, comp. ext. of colocynth, and aloes, repeatedly, and placed subsequently upon the internal use of iodide of potas-

sium in eight gr. doses every 2 hours. His sight was rapidly restored, and June 3d the patient could note the time of day upon the watch.

June 8th—Discharged *cured*.

II. *Acute Pleurisy: Recovery.*—C. P. J., æt 37, of strong constitution, native of Sweden, was admitted into Marine Hospital, June 5th. No hereditary predisposition to pulmonary disease traceable; has enjoyed good health until the present attack of illness. On the 27th of May, after exposure to wet, he was seized with a chill which lasted for two hours, followed by a fever; these symptoms were succeeded by a cough and a sharp pain, one inch below the left nipple, darting through to the back, rendering him in a short time unable to inhale a free breath. The dyspnœa and local symptoms increased in severity, but the febrile symptoms had somewhat abated on admission. No expectoration with cough. Physical examination—nutrition fair; left chest does not expand upon forcible inspiration, and measures one inch more than right. Vocal vibrations are not felt upon the left chest, below the level of the angle of the scapula; on percussion the right chest is resonant throughout; left chest, laterally, dullness from the fourth rib downward—posteriorly, flatness below the angle of scapula; respiration of right chest, *puerile*; on listening over the dull surface of left chest respiration is entirely wanting, and strongly increased vocal resonance; œgophony is present marked by the sixth rib; no friction sound or crepitating murmur is distinguished; no bronchial inspiration; skin dry; tongue furred; pulse 102, of natural strength; no appetite; bowels constipated; urine scanty, and loaded with urates.

June 7. Dyspnœa and pain much relieved; pulse 90, and feeble; physical signs the same.

June 19. The extent of dullness, œgophony, and vocal resonance sensibly decreased, and respiratory murmurs are faintly heard, but friction sounds plainly distinguished over the extent of surface marked by previous dullness; pulse 76; pain quite gone.

June 20. Friction sounds absent; slight dulness remaining over base of left chest; respiratory murmur heard throughout the lung, and pain entirely absent; patient convalescing; pulse 64; treatment prescribed was the combined use of squills, digitalis, and mercury, and flying blisters to the chest.

The above was a case of uncomplicated pleuritis, with effusion and sufficient exudation of serum to so compress the lung as to destroy the respiratory murmur. The subsequent absorption of this allowed the pleural surfaces to come into contact, developing the friction sound which was heard late in the progress of the case. The diminished action of the left lung was counterbalanced by the increased action of the right, as evidenced by the puerile respiration.

III. *Syphilitic Rupia*.—F. B., æt 22, remarkably strong, weight 160, was admitted June 11.

In the fall of '59 he contracted a chancre on the inferior and external surface of the prepuce, which was followed in a few days by buboes in *both* groins. These appear to have been indolent and non-suppurating, generally following indurated chancres. For these he was treated in Galveston, Texas, for two or three weeks, and pronounced cured. He has been engaged in the lumber trade in that climate most of the time since, and necessarily exposed in the water very frequently.

About six months since there appeared a bulla upon the superciliary ridge, which soon became purulent and formed a crust, immediately followed by others of like character, until the whole upper part of the face was covered by them. They were of a dirty, brownish color, with ulcerated surfaces beneath. Crops soon appeared upon the body, and more especially upon the arms. As they heal they leave corresponding sized cicatrices of a circular form, wrinkled and extremely puckered in the centre, and of a copper color.

The disease was a well marked syphiloderma, and for some time confined to the face. The most remarkable fact is that his general health was not disturbed in a great degree, he only complaining of a lack of muscular energy whenever the

eruption appeared. His skin presents an unnatural dirty brownish tinge, marked by these spots of deeper color, indicating the cicatrization of the ulcers before mentioned. He has now remaining but one crust, which does not increase in size, gives no discharge, as is usual, of ichorous matter, and has an accompanying sore throat or laryngitis, but no ulceration. The epitrochlear, post cervical, and inguinal glands are enlarged. The disease has rapidly yielded to treatment. On account of the otherwise good condition of the patient, so unusual in those afflicted with rupia, the Prof. prescribed the internal use of the prot-iodide of mercury, with the happiest results, instead of the iodide of potass, as is usually recommended. The throat was touched with a two-grain solution of nit. of silver, and he has employed sulphur baths twice or three times a week.

IV. *Erythema; produced by local irritation.*—P. C., a native of England, æt 43, was admitted June 19. Had syphilis 16 years ago, for which he was treated successfully in the Dreadnaught Hospital ship. Is of a robust constitution, plethoric habit, and has always enjoyed good health. Two years ago he suffered three weeks from an attack similar to the present one, produced by work in a harvest field, and again last October, from poisoning by the ivy vine when fishing. His present difficulty he attributes to the irritation of dust whilst loading a vessel with grain, the 9th of June.

The face, neck, arms and scrotum presented, upon admission, a shining, red, inflamed and swollen appearance, more marked where the integuments are thin, attended with itching and a painful sense of fulness. The face and neck were indeed of a dusky purplish color, closely resembling erysipelas, except in the distension of the subcutaneous areolar tissue. Upon the scrotum, portions of the neck, bend of the arms, and the eyelids, the skin was cracked, and the lines formed a net-work, more or less raised by the edges of the ruptured dermis being inflamed and swollen; from these fissures exuded a thin, ichorous discharge of serous fluid, which formed crusts, and would subsequently rub off with scales of the

epidermis, giving the eruption in these places the appearance of eczema. In other places the disease was less severe, for instance, upon the thicker integuments of the outside of the arms, occurring in patches somewhat papulous, terminating by exfoliation of the epidermis in thin scales or furfuraceous desquamation.

June 29.—Patient was discharged cured.

The treatment was by the use of saline laxatives, and the topical use of a weak solution of sulphuret of potash; at night, a chloroform ointment was used to allay the itching.

MERCY HOSPITAL—MEDICAL WARDS.

Service Prof. N. S. DAVIS, M. D., Visiting Physician.

Reported for the EXAMINER.

I. *Rubeola*.—Owing to the want of accommodations at their barracks, some fifteen or twenty members of the Irish Brigade have been admitted into the Hospital during the month, suffering from the measles, and in some cases complicated with other diseases,—gonorrhœa, pneumonia, diarrhœa, etc. Ample opportunity has thus been furnished students to become familiar with the diagnosis and treatment of this usually simple malady. *Usually* simple—but owing to its liability to be incorrectly diagnosed, as in more than one case under the lecturer's own observation, where it has been mistaken for *variola*,—or from its tendency to occur as an epidemic, as in the present instance, and as in nearly all our camps, worthy more than a mere passing mention.

The first stages of the *Eruptive Fevers* are not unlike those of any idiopathic fever, except in their duration. There is the same uncomfortable feeling, with a disposition to stretch and yawn, and an indisposition to exertion; a want of elasticity and animation, the same fugitive aches, in the head, in the limbs, in the back or body, the bad taste in the mouth, the general languor and enervated condition of the muscular system, alike preceding the periodical, the typhoid, and the eruptive fevers. In the first, these symptoms may last only

two or three days before the occurrence of the premonitory chill, followed by a well-marked febrile movement and the characteristic remissions or intermissions. In the typhoid class, the chill will usually be omitted, but the period between the first uncomfortable feelings and the actual yielding to the attack and taking to bed, will be lengthened to a week or more—and even then your patient may not feel very sick on his bed, but may fancy himself able to be about his ordinary occupations, until he tries to make some continued exertion.

The onset of the Eruptive Fevers, on the contrary, is, if pure and uncomplicated, abrupt and well-marked; commencing with a distinct febrile movement, preceded by a half-hour or so of chilliness—not a marked chill—during which the patient finds the fire agreeable, but soon feels flushes of heat alternating with his slight chills, which flushes soon develop into a fever, accompanied by thirst, heat of skin, accelerated pulse, headache, bad tasting mouth, loss of appetite, etc. This difference in the duration of the premonitory symptoms, furnishes the first guide to a differential diagnosis, as between the three classes mentioned.

Recollect that the patient is attacked with fever aside from the local eruption, which fever is to be distinguished from periodical fevers by absence of any marked chill, from continued fevers by the rapidity of its progress; in a word, that it has the suddenness of the periodical fever without its chill.

To diagnose between the varieties of exanthems, however, is, in the early stage, a more difficult and delicate task, and more especially so before the eruption has made its appearance—indeed, when the eruption is marked and full the diagnosis to the intelligent student, is comparatively easy. The characteristic of Measles is its *cough*—hard, dry, harsh and hollow, incessant and sometimes so violent as to considerably exhaust the patient; with this there is soreness and pain in the throat and thorax behind the sternum; there is huskiness of voice, even to complete aphonia, as in *No. ten*; there is sneezing, and sometimes almost uncontrollable epistaxis, as in *No. five*, who has lost not less than thirty-six to forty ounces of blood during the last forty-eight hours; there

is every symptom, in short, of a congested, irritable condition of the mucous surfaces of the head and chest generally; the eyes are red and watery, and the cellular tissue below the eye swollen and infiltrated, while exposure to the light is painful. The patient will tell you he has taken a violent cold, and all his symptoms are such as to induce him to such a belief. But about the fourth day after the commencement of the attack, the appearance of a *rash*, as it is termed, determines the question. Up to the second day, some doubts may be entertained as to whether the disease be not scarlatina; but if we remember that the rash or eruption in this appears pretty nearly uniformly on the second day,—that there is no cough or coryza, that the pulse is very rapid, this being a marked feature,—the pulse frequently attaining 120, and out of proportion to the amount of fever,—if we further remember that scarlatina is marked by the swelling and a bright scarlet flush of the fauces, palate, uvula and tonsils, by tumefaction of the lymphatic glands of the neck and jaws, and not unfrequently by nausea,—if we keep these facts in mind, it will be easy to avoid the alarm and anxiety which the announcement of this household scourge never fails to carry to the parent.

If the fever, however, continues another day, or more than forty-eight hours from its commencement, without eruption, if there be severe headache, much nausea, intolerable pain in the lumbar region, a peculiarly flushed face, much depression of spirits, or delirium, or stupor, with the pulse about 100, and the rash appearing within the first seventy-two hours after the febrile symptoms, small-pox may be pretty confidently looked for.

Called to a patient in the eruptive stage, and it is then that you will most likely be sent for, you will learn something from the attendants on the points already mentioned; but a careful examination of the eruption itself will now form your most trustworthy guide. In scarlatina the rash or efflorescence will be found of a bright red color, very uniformly and generally diffused over the whole body, and consisting, on minute examination, of innumerable small points, without any percepti-

ble elevation or roughness,—the color disappearing temporarily on pressure. Its course is rapid, spreading in twenty-four hours over the face, neck, body and extremities, successively, continuously and symmetrically. In small-pox the eruption commences by small papulæ, sensibly elevated above the surrounding skin, usually of the forehead, face and wrists, and is accompanied by a distinct remission of all the febrile symptoms, the pain in the back, headache, etc., and the patient thinks he is getting well. I wish to impress on your minds that the eruption of small-pox may be distinguished by the touch as soon as it appears to the eye, and that this is true neither of measles nor scarlatina. The variolous eruption is a distinctly elevated pustule, prominent and pointed, feeling like a hard nub under the finger, distinct and isolated, and unlike the uniform rash of scarlatina or the patches of measles, neither of which can be detected by the most delicate touch, as elevated, though they may appear so to the eye. I dwell upon this, because every year there are mistakes made by those who should know better; and rubeolous patients are sent to the pest-house, or variolous ones allowed to remain in thickly-crowded tenements.

The measly eruption is easily distinguishable from that of variola and scarlatina in not being raised above the skin—in appearing in irregular patches of two or more papulæ with patches of natural skin between, and by being of a dingy red color. In measles and scarlatina there is no remission of fever until the eruption subsides; while in small-pox there is a remission on the appearance of the eruption, and a recurrence of it at the maturative stage. The measly eruption increases for about forty-eight hours after its commencement on the fourth day of the fever, attains its maximum about the third day (the seventh after the fever sets in), is stationary during the fourth day, and is about two days in disappearing, making the attack, in all, about ten or twelve days in duration—of which four days is occupied by the initiatory fever, and from six to eight days by the eruptive stage, which last usually passes off by a desquamation of the skin, decline of the fever, and abatement of the cough, pain and soreness of the bronchial passages.

With the *treatment* of measles I need not detain you long. You will not, in obedience to the popular error that the greater the disease on the skin, the more thoroughly purified the system; you will not, I say, bundle your patient up in a warm bed in a close, warm room, nor feed him on toddy and hot drinks. You may, it is true, in this way increase the fever and the eruption; but since there is no virus to be eliminated in measles nor scarlatina, as there is in small pox, this is unnecessary, and so far as it tends to make your patient uncomfortable, and exhaust him by too free diaphoresis, it is injurious. You will make your patient's condition comfortable, in a well ventilated room, in a bed with the ordinary amount of clothing on, and not exposed to a current of air. You will regulate his diet, confining it to the plain, simple, easily-digested articles of food and drink: gruels, meat-broths, panadas, arrow-root, toasted bread, and a little solid food, if it is craved; and for drinks, jelly-waters, lemonade, barley-, toast-, or rice-water, if there is no diarrhoea. Little or no medicine is needed, hygienic regulations being usually amply sufficient. The cough and bronchial troubles may be alleviated by the use of the ordinary cough mixture of honey of squills, senega and antimony, blood-root and paregoric, in teaspoonful doses as may be necessary; and to ensure sleep and freedom from restlessness, as well as to lessen the congestion and irritation of the mucous structures, six or eight grains of Dover's Powder and two grains of James' Powder may be given at bedtime. You will occasionally meet cases in which a more active interference will be demanded; cases in which there will be so much soreness behind the sternum and on each side, as to very much distress the patient,—the cough will be attended with an abundant expectoration of a thick, tenacious, ropy mucus, marking a degree of inflammation, supervening on what is ordinarily simple congestion,—the pain in the head will be more violent, the skin dry and husky to the touch,—pulse about 100, and all the febrile symptoms exaggerated. The necessity for medical treatment is now imperative. To your former prescription you may add $\mathfrak{f}\mathfrak{z}\mathfrak{j}$ of *Veratrum Viride* to $\mathfrak{f}\mathfrak{z}\mathfrak{i}\mathfrak{j}$ of the cough mixture, and give $\mathfrak{f}\mathfrak{z}\mathfrak{j}$ every four hours; thus

lowering the heart's action, and moderating all the symptoms dependent on increased force and rapidity of the circulation. You may also add, for two or three nights, grsij of calomel to the powder of ipecac, opium and antimony, with a view of exciting and increasing the action of the secretory and absorbent systems. There will, probably, be some degree of costiveness, with which it is not well to interfere for two or three days; after which—the use of these medicines being continued meanwhile—a saline cathartic or a dose of oil may be administered, the bowels opened, and the specific alterant and sedative agents omitted, the indications for their use having subsided. In only one of these patients (*No. ten*) has it been necessary to resort to any other than the treatment just given. This patient is of a full, plethoric habit, face flushed and turgid, eyes injected, and conjunctiva and cellular tissue beneath tumefied and congested; the nose also, is swollen and red, as is a space surrounding the alæ, and the pulse is full and bounding in the temporal and carotid arteries. The degree of cephalic congestion here, was so violent as to cause hæmorrhage from the nose, and to such an extent as to require interference. The usual astringents, powdered matico, tannin, etc., were used by the house-surgeon, with temporary success; but we were finally obliged to resort to the *Veratrum* before the epistaxis was completely checked.

I have detained you, probably, as long as is profitable, on this subject, and will only add a word on a variety of measles, which bears the same relation to the ordinary simple form, as variola does to varioloid, or scarlatina *simplex* to scarlatina *anginosa*. I mean a form of measles occurring in malarious regions, or, in cities, in the children of the poorer inhabitants of the slums and alleys,—children raised in dark cellars, in impure air, in a state of squalid wretchedness and rags and hunger. I am glad to be able to say that I have never met over half a dozen cases of this form in this city. The symptoms differ from those of the type before us, in presenting a livid hue of the face and lips,—pulse generally small and feeble,—extremities cold,—a sense of oppression in the præcordial region, with laborious breathing, the

stomach is irritable, and the intestinal canal shares in the affection, so that the abdomen is tender, and there is both vomiting and purging. The eruption assumes a petechial or ecchymosed appearance, showing a disorganization of the blood, the result both of a malarial poison and of the apoplectic engorgement of the lung, which engorgement is passive, and due to a diminished susceptibility and relaxation of the capillaries of the lung, and not to a direct influx of blood.

Though in civil practice in cities, these cases are rare, and even in malarious districts are not common, yet I should expect to find them occurring frequently in those divisions of our army, posted in the unhealthy swamp lands of the Ohio and Mississippi Vallies, if measles became epidemic among them.

I need not tell you, after recounting such symptoms, that the danger is imminent, and that the promptest measures are demanded. The rapid saturation of the blood with the chlorates or the chlorides, without revolting the stomach, coupled with the exhibition of prompt tonics will be found the most reliable mode of treatment. I have found marked benefit from quinine in three to five grain doses, and chloride of sodium twelve to fifteen grains, repeated every hour during the height of the attack. I have also used the chlorate of potash, instead of common salt, with equally good results.

II. *Typhoid Fever, with threatened Coxalgia supervening on Recovery.*—J. D., an English lad, aged nineteen, was admitted May 16th. Attention was again called to his case, which had previously occupied a portion of a clinique in a consideration of the disease—typhoid fever—under which he was then laboring; but now, during his convalescence, a new and interesting feature had presented itself.

The history of the case, as given at the bedside, is briefly as follows: For a week or ten days, previous to his admission, he had been feeling unwell, with the ordinary, well-known symptoms—loss of appetite, some headache and pain of a dull, heavy character in the back and limbs, occasional nausea, with slight creeping chills and a general feeling of lassitude and

weariness. This continuing for some days, he had taken pills, of a cathartic nature, every day for three days previous to his admission, and with the effect of producing an excessive action of the bowels, sometimes as many as a dozen discharges in twenty-four hours. The tongue was moderately coated, when examined by the class, countenance somewhat flushed, skin dry and husky, and pulse 80-100. The abdomen was rather tender on pressure, but the diarrhoea had been checked during the night by treatment. There was certainly nothing in the case to warrant the suspicion that a serious illness was impending; but the lecturer pointed out that the assemblage of symptoms marked a case of enteric fever, with inflammation of Peyer's glands and the solitary glands of the small intestines just on the verge of development. The inflammation was not yet manifest, but there was undoubtedly congestion, —an accumulation of blood in the glands, giving rise to irritation, subsequent inflammation, softening and ulceration; the mesenteric glands, and, of course, the mucous membranes of the intestines being pretty uniformly affected, as well as the spleen, liver, and other large organs, in the progress of the disease. Cases of this kind, where purgation has been resorted to, need to be sedulously watched, for there is always a tenacious tendency to diarrhoea present in the typhoid fevers.

The treatment resorted to was the use of an emulsion of turpentine and laudanum in f3j doses every four hours, to counteract and allay the morbid sensibility and exalted irritability along the course of the intestinal canal; and to incite an efficient action of the secretory system, and check the blood-degeneration, the fluid extract of *Asclepias Tuberosa* was given in f3j doses, with chlorate of potash grs v, every four hours, alternating with the emulsion. Subsequently, this latter was changed to Dover's Powder grs v, hyd. sub mur. grj, with a view of producing an alterative influence on the glandular secretions, and with good effect. The mercurial was discontinued after the first twenty-four hours, and the emulsion kept steadily in use, together with a single powder of ipecac and opium grs v, every night at bed-time; the patient continuing to improve, and leaving his bed May 25th.

May 31st. The class were again assembled at his bed side, to find the patient well, to all appearance. But the lecturer stated that during his visit, two or three days previous, D. had complained of soreness and stiffness in one hip, so much so as to prevent his walking about. The seat of the pain was in the gluteal region, just above the level of the trochanter, and about midway between the trochanter and the sacrum. At first, apprehended it was nothing more than a cellular abscess, such as frequently follow recovery from fevers. Ordered an infusion of aconite leaves and muriate of ammonia to be applied, as a discutient and anodyne, with the dissimilar object of dissipating the tumor, if not too far advanced, or of hastening its formation, if too much progressed to be dispersed. At subsequent visits, failed to notice any change, and on more careful examination found all the symptoms of a low grade of inflammation in the capsular ligament of the hip-joint: in other words, an incipient case of *coxalgia* or hip-joint disease, brought on, undoubtedly, by too severe and too prolonged exercise, while the system was still enfeebled and depressed. There was no pain while the patient lay quiet, but severe pain felt on pressure of the femur into the acetabulum, or by striking the knee sharply upwards, or by abduction of the limb. The case not having advanced far enough to warrant the use of the instrument, and the condition favoring, strict rest was enjoined, and the use of the lotion already mentioned, continued; blisters, issues and other counter-irritants being deemed inadvisable, on account of the already exhausted condition of the patient. A bland, nutritious diet was advised, but no further medication.

June 7th, discharged cured.

July 2d—Prof. ANDREWS, at his clinique at the *Mercy*, this morning, removed an epulo-carcinoid tumor, from the lower jaw of a German woman, which had involved one of the submaxillary glands and the alveolar process of the four incisors—necessitating its excision.

Selections.

RHEUMATISM.

By B. WOODWARD, M. D., of Galesburg, Illinois.

From the Medical and Surgical Reporter.

Having for the past fifteen years had a great many cases of rheumatism to treat, I have, with the deepest earnestness and patience, sought to ascertain its nature, but it is only within the past four years that my mind has become at all settled on the subject, and since I have adopted my treatment to my view of the pathology I have not had cause to regret it. Observation and my own course of reasoning have led me to the adoption of the hypothesis, that *all constitutional diseases, in which swelling, pain, or convulsions are prominent symptoms, are of purely nervous origin, and point unmistakably to a derangement of the nervous system as a whole, or in some of its more important parts.*

The nerves, so far as we know, are the only tissues in the body capable of suffering or transmitting pain; when it is manifested in other parts, as in muscle, bone, or fascia, it is only from the ramifications of nerve-fibre to these parts. This view does not exclude those lesions or affections of the nervous centres which are marked by paralysis, in which no pain exists, and unless the derangements are such as to produce paralysis, there is always pain or convulsions or both where there is nervous derangement. I shall only endeavor, in the present paper, to establish this view, so far as rheumatism is concerned.

It is not easy to conceive of a constitutional disease, caused by a depravation of either solids or fluids of the body, without functional lesion, and, hardly, without organic. Yet we do find this to be the case in diseases of the nerves, as in neuralgia, in which pain and sometimes increased action of the circulatory system are the only abnormal conditions. This condition also obtains in the majority of cases of rheumatism in the early stages, and until the nervous derangement has produced other abnormal actions.

Those who contend for the acid theory, or the abnormal amount of fibrine in the blood, as the cause of rheumatism,

acknowledge that both the one or the other are often very rapidly formed and as rapidly disappear, but they have not proved that this is not caused by nervous action itself. Without calling on any to prove a negation, we may point to analogous cases to sustain ourselves.

Hydrophobia is a nervous disease of the purest type, and one of the products of the nervous irritation is the poison in the saliva. Where there is no constitutional disease, other than a temporary derangement of the nervous system, the urine becomes loaded with abnormal products, and all are familiar with the increased secretion of saliva, mucus and serum, as the case may be, arising from certain forms of nervous excitement, be the excitement of a healthy or unhealthy nature; and why may not an acid, or an increased quantity of fibrine, likewise depend upon nerve-irritation in rheumatism?

We have certain forms of rheumatism in which pain, paralysis, and atrophy are the only symptoms all through the history of the case, and these following each other in regular succession and, apparently, dependent on each other. * *

There is one form of so-called rheumatism which, if it do not depend upon nervous irritation, I do not know where to place it. I allude to rheumatism in a member after there has been fracture of a bone. This form is well known to every one who has treated many fractures, particularly of the femur and humerus, and I have often found it one of the most common and troublesome of the sequelæ; and, also, that it yields most readily to the action of the neurotic remedies. * * * * *

If rheumatism is not of nervous origin, why do we find woolen worn next to the skin to be one of the best prophylactics, and why are rubefacients so valuable? On the hypothesis that it is disease of the nerves, the usefulness of the treatment is easily explained, from the action on and through the cutaneous nerves. It may be urged that swelling of the parts, effusion, etc., militates against the view that the affection is nervous; but to my own mind it has no weight. Disease of the nerves does not and need not imply that the affection is uniform either in its nature or manifestations. It may, and doubtless is, governed, in great measure, by the nature of the tissue in which it appears, and also by the condition of the patient at the time of the attack. In one case it may result in atrophy of a part, while in another hypertrophy takes place.

There is no fact in physiology better established than that the nutrition of muscles is governed by nerve action, as well

as their motion and sensibility. Irritation of nerve tissue may as well cause swelling and effusion as paralysis of a nerve cause atrophy and wasting of muscles or other tissue. The cutaneous nerves are readily affected by causes acting from the surface, and it is not improbable that the disease in question is often produced by external irritation, as by cold or wet. This view does not necessarily imply that the disease must be confined to the cutaneous nerves, for the nervous system is so much a unit that, if one part, even on the surface, is affected, the deeper seated may quickly become involved.

The irritation occasioned by a slight wound of a fibre of nerve in a distant part may induce tetanus, which is a disease of the nerve centres. Neuralgia, or painful disease of the nerves, as generally understood, is marked by pain of a peculiar character, and different from that of rheumatism; but this is no evidence that the rheumatism does not arise from nerve causes, for the same tissues are subject to different forms of disease. It is not possible, in the present state of our knowledge, to say what the peculiar condition of the nerves is, either in the one or the other disease, but pathologists may yet unravel the mystery. This, however, will not be done till we have found the right end of the skein.

If, together with the nature of nervous affections generally, and the nature of pain in rheumatism, we couple the evidence derived from therapeutics, it seems to me that we have as nearly-conclusive evidence, as the nature of the case will admit of, that all rheumatism is of a neurotic character; it may be from transient causes, or it may depend upon a diathesis. In the one case it will be acute, and yield more readily to treatment; while in the other it will be chronic, and difficult, if not impossible, to eradicate. We read of various kinds of rheumatism, and, among them, of the nervous; but the chief differences are made to depend upon the location. If it were an acid, or any other depravation of the blood, why is it not general instead of local? why does it change its place of attack? and why does it depend so much upon climatic and atmospheric causes for its return from time to time?

This paper is not intended to be declaratory, but suggestive, and these views are thrown out for examination. What, then, is the testimony of therapeutics? It may be given in a few words. Combine the testimony of all the best authors, and it is that "that class of remedies which act upon and through the nervous system are more to be relied on than any other, and sooner overcome the disease." * * * *

DR. SIMPSON ON ACTÆA RACEMOSA.

From the London Medical Times.

The *Actæa*, or *Cimicifuga Racemosa*, has been long spoken of as a remedy for rheumatism, and particularly in the more acute forms of the disease. In the edition of Gray's Supplement to the Pharmacopœas, published in 1821, you will find the use of it in rheumatism stated. Latterly it has been employed by some American physicians as their most valuable remedy in acute rheumatic fever. My very intelligent and excellent friend, Dr. Voris, of Rochelle, New York, told me two years ago, that since employing the tincture of actæa in rheumatic fever—and it is a very common disease in his district—he had seen the disease almost always cut short before the eighth or tenth day; the drug acting apparently as a simple antidote to the rheumatic poison, and curing without diuresis, diaphoresis, or any other discharge. The American physicians give a strong tincture of the root in acute rheumatism in doses of thirty to sixty drops every two, three, or four hours. It may be given, if you choose, along with alkaline salts, or other anti-rheumatic drugs. I have found it, in my case, repeatedly cure an attack of lumbago with wonderful rapidity. Some of the American practitioners who have written upon actæa, have spoken of its use in terms that are, no doubt, exaggerated. Thus, Dr. Davis, of Chicago, says, that, after much experience, he has no more doubt of the efficacy of actæa in the early stage of acute rheumatism, than he has of the power of vaccination as a preventive of small-pox. But our American brethren have used actæa also extensively in chorea and other anomalous forms of nervous disease. However unlike rheumatism chorea may look to the superficial observer, yet the able investigations of Dr. Begbie and other pathologists, have shown, as you are aware, an analogy, if not an identity, between the blood poison which produces rheumatism and that which produces chorea. Dr. Physic and Dr. Jesse Young, about thirty or more years ago, recommended actæa strongly in chorea. Latterly, Drs. Lindsey, Kirkbride, Otto, and others, have published their experience in favor of the same drug in this disease. In a case of anomalous and severe chorea of long standing, which was under my care some months ago, the actæa was given with excellent effect. The patient had been previously treated, both in France and in this country, with zinc, iron, arsenic, and all the usual remedies applied in this malady. But I have made all this long episode regarding the actæa, not so much to speak of its use in the preceding

diseases, as of its use in puerperal hypochondriasis and depression. A lady, the mother of several children, was twice the subject of the most painful mental despondency a month or two after delivery. On one of these occasions she was confined in London, and had the advice of several eminent physicians; but the disease took a very long and tiresome course, seemed to defy entirely all remedies, and gradually and very slowly terminated. On the last occasion on which the attack occurred, this patient was confined under my care here, and went home to England some weeks subsequently, perfectly well. She returned, however, in about a month, to Edinburgh in the lowest possible state of depression, a perfect picture of mental misery and unhappiness. I tried many plans to raise her out of this dark and gloomy state. All failed. At last, fancying from some of her symptoms and complaints that there might be a rheumatic element in the affection, I ordered her fifteen drops of the tincture of actæa thrice a day. After taking one dose she refused to continue it, as the drug had a taste so similar to landanum, and as all opiates had always made her worse. On being re-assured that there was no opiate in the medicine, she recommenced, without any faith, however, in the results, as she had, in a great measure, lost faith in all remedial means. When I saw her next, some eight or ten days afterwards, she was altered and changed in a marvelous degree, but all for the better. On the third or fourth day, as she informed me, the cloud of misery which had been darkening her existence suddenly began to dissolve and dispel; and in a day or two more she felt perfectly herself again in gaiety, spirits, and energy. But nothing would induce her to give up the actæa for six or eight weeks longer; and the last time she passed through Edinburgh she told me that she had prescribed her own remedy to more than one melancholic subject with nearly as great success as she had used it in her own case.

FOREIGN ITEMS.—We condense the following extracts from DR. ELSBERG's *Summary of Foreign Medical News* in the *Am. Medical Monthly* for June,—a most valuable and interesting department in that excellent periodical. In an article by Dr. CREDE, on the most efficient mode of removing the placenta, it is strongly insisted that the removal shall be the result of uterine action alone, restricting the introduction of the hand in the genitalia to exceptional, extremely rare and urgent cases. His method consists in excitation and increase of uterine activity by friction and irritation of the fundus and body of the uterus with the hand through the abdominal cov-

ering. This manipulation must be performed at once after the birth of the child. At first the friction must be gentle; gradually we may increase it; the author says he has in innumerable cases, without a single exception, succeeded in a quarter or half hour in inducing the necessary artificial contraction, even where there was previously ever so slight uterine action. When the contraction attains its maximum force, he grasps the whole uterus in such a manner that the fundus lies in the hollow of his hand, and the five fingers around the body may still exert a gentle pressure. He says he felt under his fingers the placenta leave the womb in every case; and generally this occurred with such a degree of force, that it at once protruded from the external genitalia, or at least was found lying in the lower part of the vagina. The patient suffers no other inconvenience than the increased pain accompanying the more forcible contraction, which, however, is more than compensated for, by its rendering unnecessary the introduction of the finger or hand in the parts already sore and morbidly sensitive by the previous tension and traction during labor. The womb afterwards remains well contracted; post-partum hæmorrhage is not so likely to occur; inversion can never take place with a regular contraction; while, with the usual proceeding for taking away the after-birth, the greatest care does not preclude the possibility of its occurrence.

—PROF. MARTIN continues to meet with success in Transfusion of Blood in Obstetrical Practice. His last reported case was a primipara, æt 20, eight months gone, very anæmic from intra-uterine hæmorrhage, child dead, liquor amnion gone, and after a fruitless attempt at relief by tampon and stimulants, during which the fundus rose higher and higher; pulse became imperceptible; countenance fell; swooning ensued; temperature of body sunk, transfusion was decided on. Blood was taken from the median vein of a strong, healthy man-servant. After laying bare, by a cutaneous incision 4-5 lines long, the median vein of the right arm of the woman, the flat trocar was introduced, and the blood of the man, as it ran into a cup placed in water of about 100° F. temperature, was injected with the syringe, previously warmed with water of the same temperature, at four times, in the quantity of about six or seven ounces. The patient complained of no disagreeable sensation; some color returned to the cheeks, and uterine pains became active. On removal of the tampon, the os was found pretty well dilated, and the child was extracted with forceps, over two pounds of black grumous coagula coming away with the afterbirth.

After giving for refreshment a little champagne, a post-part. flooding ensued, which, though stopped by injections of diluted, first vinegar, and afterwards liq. ferri, sesquichloridi, caused such a degree of bloodlessness, that in view of the impossibility of hematosiis by food or medicine, another transfusion of three ounces into the basilic vein of the right arm was made. Gradually the patient reacted, left her bed on the fourteenth day, and made a perfect recovery.

Dr. Martin adds to the report of this case the account of another in which he was called on to perform transfusion, after serous effusions into the pleural cavities had already taken place. He declined operating, however, and states his conviction that transfusion offers no hope after the secondary changes, in consequence of loss of blood, and especially serous effusions in the serous cavities of the chest and skull, have already occurred.

—PURE CAOUTCHOUC, dissolved in essential oil of turpentine and made into an electuary with syrup of elder and a few drops of essential oil of bitter almonds, is highly recommended by Prof. HANNON in phthisis in doses of four teaspoonful of the electuary per diem, each teaspoonful containing about fifteen grains of the terebinthinated caoutchouc. Two spoonful are given in the forenoon, and two in the afternoon, with an interval of two hours between each. "The dose may be gradually increased, as the stomach can bear, and the patient gets accustomed to the taste and smell of the turpentine to a drachm, or even a drachm and a half, of the terebinthinated caoutchouc. This administration must be continued daily, till the symptoms of pulmonary phthisis disappear; and I do not abandon it even then entirely, but simply decrease the dose."

Caoutchouc administered in the solid state is inert; it is not digested; it traverses the intestinal canal without alteration; but after "disaggregation," by means of the turpentine, it is easily digested, and seems to favor hematosiis considerably. Chemically, no *respiratory food* can be richer in carbon and hydrogen than pure caoutchouc, which consists of only these elements.

In phthisical patients, "under the influence of terebinthinated caoutchouc, expectoration diminishes rapidly; oppression ceases; night-sweats disappear; diarrhœa and fever stop; gradually strength reappears, and emaciation gives way to *embonpoint*. The cough is one of the first symptoms, too, which disappears.

"No other appropriate treatment need be excluded, while

giving the caoutchouc, but it is indispensable to give the latter through the whole continuance of treatment. That the cure of phthisis is not beyond the power of nature, very numerous examples prove; and that the terebinthinated caoutchouc, combined with other remedies, will assist in bringing about such a result, many observations lead me to believe."

Dr. HANNON refers to about a dozen cases.

Book Notices.

A PRACTICAL TREATISE ON MILITARY SURGERY. By FRANK HASTINGS HAMILTON, M. D., Author of a "Treatise on Fractures and Dislocations," Surgeon-in-Chief to the Long Island College Hospital, Surgeon to the Bellevue Hospital, New York; Professor of Military Surgery and of Diseases and Accidents incident to Bones, in the Bellevue Hospital. New York: 1861.

We have already noticed in our pages the preparation of this volume, by the distinguished author of "Fractures and Dislocations"—the most complete work of its kind in the language—and though the *Military Surgery* has been preceded by kindred works, we have lost nothing by the delay, since it has given us a volume worthy of its author.

Accurately speaking, however, neither this, nor Gross's, nor Tripler and Blackman's, is a *work on Military Surgery*, but they are all *Hand-Books for the Military Surgeon*; suggestive and practical, rather than exhaustive and disquisitionary, as their titles—with the exception of the last named—would lead one to believe. The volumes are what are needed in the emergency, but their titles are certainly misnomers. And yet Prof. HAMILTON has, we think, gone a step in advance of his co-laborers, and so far as might be, consistently with the urgency of the case and limited space and time, has produced a volume, valuable not only for its practical hints as to the conduct of camp and field hospitals, examination of recruits, mode of making requisitions and the numerous other technical details,—the *opus operatum* of the army surgeon,—but also for its sound rules and counsel in strictly surgical and medical practice. We can give no

clearer idea of the particulars in which we think this *Treatise* worthy, than by quoting the author's statement of the deficiencies it is intended to supply—merely premising that the intention is well fulfilled:—

General treatises upon surgery and surgical teachers, assume that both the patient and his medical attendant are placed always under the most favorable circumstances: that ample time is allowed for a careful diagnosis; and, in view of an operation, that the patient is brought up to the best possible condition of preparation: that he is at least comfortably lodged, suitably nourished, and that his surgeon has at his command all the instruments and appliances which can render the execution of the operation more easy, and its success more certain. No man who has had much experience in teaching, and in examining medical students, can have failed to notice the danger of suggesting inferior alternatives for exceptional cases, which, through inattention or carelessness, are often substituted in the minds of the pupil for the general law; and it is with much propriety, therefore, that these omissions are generally made.

It is the special province of military and naval surgery to supply these deficiencies; instructing the pupil how, by a multitude of extemporaneous expedients, he may succor the wounded and relieve the sick when the usual resources fail or are not at hand; how he may make the products of every country contribute to his necessities, and a single cruse of oil minister miraculously to a thousand.

The work embraces a consideration of the Examination of Recruits, the Hygiene of Troops, relating to Diet, Dress, Exercise, etc.; Accommodation of Troops in Tents, Barracks, Huts, etc.; the Construction and Location of Hospitals; Preparations for the Field; Flying Ambulances, Litters, etc.; also, Gunshot Wounds, Amputations, Hospital Gangrene, Scurvy, etc.; and an Appendix containing the United States Army Medical Regulations, with many other matters pertaining to Military Surgery.

The chapter on *Dysentery* is contributed by Prof. Austin Flint, M. D., and that on *Scurvy* by Prof. Benj. W. McCready,

M. D.; while the volume is replete with the experience and dicta of Drs. Satterlee, Wood, Coolidge, Tripler, Mills, Pitcher, Wright and others of the U. S. Army; and Drs. Parsons, Bache, Lockwood, Turner, Williams and others of the Navy. It is fully illustrated and well printed.

Bailliere Brothers, 440 Broadway, N. Y. W. B. Keen, 148 Lake Street, Chicago.

THIRD ANNUAL REPORT OF THE CHICAGO CHARITABLE EYE AND EAR INFIRMARY.

—Presented by the Board of Surgeons, for the year ending May 1, 1861. Chicago.

In presenting this Report, the Surgeons take occasion to state that they find many reasons for renewed encouragement in their labors. The number of patients applying for aid has steadily continued to increase. Benevolent individuals in this and the adjoining States have so far shown their confidence in the Institution, as to send poor patients to the Infirmary, at their own expense, for treatment. Physicians throughout the State have, in various ways, testified their interest in the success of the Infirmary; and all our intelligent citizens, to whom its beneficent objects have become known, generously tender their aid in its continued support.

The treatment has been very gratifyingly successful; and much suffering, destitution and distress has been alleviated through the instrumentality of the Infirmary.

Quite a large proportion of the patients at the Infirmary has been poor children, with whom diseases of the eye are too often, from fear of expense on the part of their parents, left without treatment, till vision has become permanently injured, and not unfrequently destroyed.

The Surgeons earnestly seek to impress upon the minds of the trustees and of the public, that the great object of Charitable Eye Infirmaries is the *prevention* of calamities—the most terrible that can befall a human being. By furnishing the poor with gratuitous treatment for diseases of the eye, they remove the fear of expense, and thus encourage such patients to apply for medical aid in the earliest stages of disease, when most easily relieved. In this way they prevent

not only blindness, but idleness and pauperism, with all their attending evils.

Prevention of these evils is more politic, vastly more economical, and more in accordance with an enlightened humanity, than efforts to alleviate their sad and deplorable effects, after they once exist. Even on the ground of economy alone, is it not a matter worthy the careful consideration of all tax-paying citizens, that more than four thousand poor patients are annually treated at the New York Eye Infirmary, at an expense of only about *one dollar each*, while a class of less than one hundred pupils is maintained in the Blind Asylum of this State at an expense of not much less than *two hundred dollars each*? And, too, a very large proportion of pupils in all blind asylums become blind from inflammatory diseases of the eye, many of which, it is stated on good authority, could have been relieved by proper treatment in their early stages.

Especial attention is called to the fact, that in this State, as also in the entire Northwest, there is a very large number of poor patients afflicted with diseases of the eye, who are almost entirely without suitable medical treatment, unless furnished by an institution like this.

The Surgeons, in concluding their report, of which the above is a very full abstract, would commend the Infirmary anew to its friends and the public, and earnestly ask such aid from the benevolent and affluent, as its increasing demands and extending usefulness require.

Dr. Edward L. Holmes, attending surgeon, who has made diseases of the eye and ear a speciality, is, we are glad to know, abundantly satisfied with the success of the Infirmary, modes of treatment, etc.; and deserves high praise for his energy and perseverance in its conduct. Two hundred and eighty-eight patients were treated during the year; of which 237 were for diseases of the eye, and 51 of the ear—making, in all, 580 cases treated since the establishment of the institution.

THE CLASSIFICATION, DIAGNOSIS AND PROGNOSIS OF TUMORS.—Briefly delineated for Practitioners by Dr. THEODORE BILLROTH, (now Professor of Surgery at the University of Zurich) From the Deutsche Klinik, 1859. Translated from the German by G. BAUMGARTEN, M. D. St. Louis, Mo. 1861.

The thanks of the profession are due Dr BAUMGARTEN, for his very faithful translation of this interesting monograph, a summary of which we may soon give in our pages. The leading idea of Prof. Billroth's paper is that all systems of classification of pseudo-plasms which rely solely on microscopical and chemical analysis are deceptive, because, while it is true, in normal histology, that *like structure occasions like function*, it is equally true of pathological tissues, that *tumors, whose tissues are identical, often have a very different clinical significance*; again, that classifications based on modes of development,—or on the manner in which the new tissues are inserted into the old are also fallacious; the division into tumors which do and do not recur after extirpation, impracticable and untenable; while the contemplation of every histologically defined form of tumor with regard to its connection with different organs and in the light of clinical experience, is cumbersome and complicated. A consideration and investigation of all these culminates in the dictum that in the classification of pseudo-plasms *the histological consideration must combine with the clinical, but the latter must be the leading principle*.

Prof. B. is by no means an ultraist in his views, although his contempt for young microscopists verges on the extremes of politeness sometimes. While anxious to advance, he fails not to keep in sight what has already been accomplished; and his efforts look to a union of what is worthy in the old, with the proved improvements of the new, *e. g.*:

The prognostic principle of classification, which hitherto was familiar to physicians—the faculty of recurrence in variable degree and extent—I regard as perfectly competent for practical purposes, and therefore retain it in the main. In the designation of the various forms of tumors I have likewise altered nothing and retained the usual names, but eliminated those names, which were chosen according to microscopical elements; they may be reserved to histologists for the more minute distinctions. The consistency and the similarity to

normal forms have occasioned the more current names, and it would be a vain endeavor to substitute other denominations for them; the majority have been chosen very pertinently by our forefathers.

In closing he adds:

The classification of tumors herewith concluded, has, like every essay of this kind, its great imperfections, I well know; but as the above synopsis corresponds to observation and to practical wants, as I hope, it thereby accomplishes that purpose, which every classification of diseases can only have, namely, to facilitate the mutual understanding of colleagues. Many will reject the principle of classification; I am aware myself, that much can be said against it; but that for practical medicine, without detriment to science, the practical points of view, *i. e.*, those derived directly from clinical experience, the observation at the bedside, must always be placed in the foreground,—is a principle the physician should never lose sight of. I believe, that it will favor the popularity of the four groups advanced by me, to give each group a general name. I have no new names to suggest, but only propose to apply the old names in the manner they are used in the following synoptical table, with reference to the above detailed remarks:

I. BENIGN TUMORS; *i. e.*, such as but seldom return after extirpation, but sometimes occur distributed in great numbers over the whole surface of the body.

1. The simple Cysts. (a) With serous fluid. (b) With mucous contents. (c) With pultaceous contents. (d) With blood. 2. The Fatty Tumors. 3. The Fibrous Tumors. (a) The soft fibrous tumors. (b) The hard fibrous tumors. 4. The pure Cartilaginous Tumors. 5. The Exostoses. (a) The spongy exostoses. (b) The ivory exostoses. 6. The Vascular Tumors. (a) The telangiectases. (b) The cavernous hæmatomata. 7. The Horny Excrescences.

II. SARCOMATA; Tumors which often return locally, but seldom invade the internal organs.

1. The Gland-like Tumors. 2. The Colloid Tumors. (a) The homogeneous colloid sarcomata. (b) The areolar colloid tumors. 3. The Cystoids and Cystosarcomata. 4. The firm Sarcomata. 5. The soft Sarcomata. 6. The soft Papillary Tumors.

III. CARCINOMATOUS TUMORS; *i. e.*, such as always return locally, then appear in the nearest lymphatic glands, and finally in internal organs.

1. The Carcinomata. 2. The Cancroids. 3. The Scirrhi.

IV. MEDULLARY AND MELANOTIC TUMORS; *i. e.*, such as usually soon return locally, and rapidly extend upon internal organs.

1. The Medullary Fungi. 2. The Melanotic Tumors.

THE MODUS OPERANDI OF VARIOUS KINDS OF BATHS, SEA-BATHING, HEAT AND COLD, PHYSIOLOGICALLY EXPLAINED.—By JOHN O'REILLY, M. D., Licentiate and Fellow of the Royal College of Surgeons in Ireland; Resident Fellow of the New York Academy of Medicine; Member of the Medico-Chirurgical College of New York; late Medical Officer to the Oldcastle Workhouse and Fever Hospital, Ireland. New York: Hall, Clayton & Co., Printers, 46 Pine Street. 1861.

In the course of a dozen or so pages Dr. O'REILLY manages to discuss the *modus operandi* and good effects of the warm bath, its use in preventing fever and inflammation, and as a remedy in strangulated hernia, the bad effects of ice, remarks on hernia, fainting caused by the warm bath, mode of resuscitation, Marshall Hall's method of treating asphyxiated infants, the mode in which infants born apparently dead are restored to life, efficacy of cold douche in post-partum hæmorrhage, mode of action of ergot of rye in arresting hæmorrhage, how sprinkling an infant with cold water resuscitates it, how cold air or ice arrests hæmorrhage after an operation when oozing of blood continues, wounds dressed immediately after an operation, good effects of cold douche in fever and encephalitis, how a drink of cold water causes death, state of a wound after exposure for three hours, Mr. Liston's remarks, Mr. Macartney's theory, Sir Astley Cooper's ideas, Mr. Hunter's views, cold water dressing, the mode of treatment of wounds after operations, effects of the cold bath, the cause of spasms by cold, by tetanus, by strychnine, by lead, by Asiatic cholera, treatment of spasms produced by cold water, *modus operandi* of salt-water bathing, phosphorus, chloride of sodium, good effects of cold baths, shower baths, cause of suspended animation, *modus operandi* of sulphur baths, iodine baths, nitro-muriatic acid baths, and of iodine in Bright's disease.

He also adds five notes on as many more subjects; so that it will be seen this pamphlet of pp. 23, is an exceedingly comprehensive affair.

LECTURES ON THE DIAGNOSIS OF THE PRINCIPAL FORMS OF PARALYSIS OF THE LOWER EXTREMITIES.—By E. BROWN-SÉQUARD, M. D., F. R. S., Fellow of the Royal College of Physicians of London; Hon. Fellow of the Faculty of Physicians and Surgeons, Glasgow; Laureate of the Institute of France, (Academy of Sciences,) Etc., Etc. Philadelphia: J. B. Lippincott & Co. 1861.

COURSE OF LECTURES ON THE PHYSIOLOGY AND PATHOLOGY OF THE CENTRAL NERVOUS SYSTEM.—Delivered at the Royal College of Surgeons of England in May, 1858. By C. E. BROWN-SÉQUARD, M. D., F. R. S., Fellow of the Royal College of Physicians of London; Hon. Fellow of the Faculty of Physicians and Surgeons, Glasgow; Laureate of the Institute of France, (Academy of Sciences); Physician to the National Hospital for the Paralyzed and the Epileptic; Ex-Professor of the Institute of Medicine at the Medical College of Virginia, U. S.; Fellow of the Royal Medico-Chirurgical Society of London; Ex-Secretary and Vice-President of the Société de Biologie de Paris. Philadelphia: Collins, Printer, 705 Jayne Street. 1860.

A TREATISE ON THE PRACTICE OF MEDICINE.—By EDWIN R. MAXSON, M. D., formerly Lecturer on the Institutes and Practice of Medicine in the Geneva Medical College. Philadelphia: Lindsay & Blackiston. 1861.

We acknowledge the receipt of the above volumes, the first two through S. C. Griggs & Co., 39 and 41 Lake Street, Chicago, and promise suitable reviews in a future number of the EXAMINER.

THE LONDON LANCET for June, from whose richly-stored pages we re-published, in our June number, the valuable *Directions to Army Surgeons on the Field of Battle*, contains the Index for the half-yearly volume, which it completes. COOTE takes up the usually neglected subject of *Curvatures of the Spine*, in his Clinical Lectures, as also *Knock-Knee (genu valgum)*; *Bow-Leg (genu extorsum)*; etc., and the number is, as usual, replete with original papers, hospital reports, clinical records, correspondence, etc. A complete alphabetical Index for the ten years between 1851 and 1860, will be published on the 15th inst.

THE TRUE PHYSICIAN.—DR. JOHN WATSON'S Anniversary Discourse. 1860.

Delivered before the New York Academy of Medicine, November 7, 1860, and published by its order. Distinguished for its elegance and scholarly polish, it is yet no mere holiday array of fine-sounding words; but an earnest, prac-

tical appeal, high toned and liberal, for the dignity and elevation of our professional standard. It is sufficient praise to write, that it is worthy of its eminent author—the President of the New York Academy of Medicine.

TRANSACTIONS OF THE NEW JERSEY MEDICAL SOCIETY—For 1860, held at the City of Trenton, January, 24th and 26th, 1860; being the Ninety-Fourth Annual Meeting of the Society.

* We are indebted to Recording Secretary, Wm. Pierson, Jr., M. D., for a copy of the Transactions of this sterling society, one of the oldest in the country. Its contents are valuable, and the report of the Standing Committee quite interesting.

Editorial.

THE INFLUENCE OF ALCOHOLIC DRINKS ON THE DEVELOPMENT AND PROGRESS OF PULMONARY TUBERCULOSIS.—At the last annual meeting of the American Medical Association the senior editor of this journal presented to the section on Practical Medicine a paper on the subject, presented in the above caption. The paper was subsequently published in the Transactions of the Association, and a synopsis of it may be found in the February number of the EXAMINER.

The appearance of the paper in the Transactions has elicited brief comments in several Medical journals, some of which are rather curious specimens of criticism.

For instance, the *Cleveland Medical Gazette*, after quoting the conclusions appended to the paper, simply adds: "Dr. DAVIS is an *ultraist* on this question, and we are satisfied the *present* experience and opinions of the mass of the profession do not coincide with those presented by him."

The *American Medical Monthly* commences its reference to the paper as follows: "We do not know that it would be possible to make Dr. DAVIS look with complacency upon any use of alcoholic drinks. From his papers, including with

this some upon kindred topics, *we judge that he is an uncompromising teetotaler*; a man very good in his way, but not on that account the most fit person to judge of the effects of alcoholic drinks."

These comments suggest several questions which we would like to have answered. And first, what constitutes "an *ultraist*" and "an *uncompromising teetotaler*"? Is it one who simply avoids all use of alcoholic drinks *as beverages*? If so, we cheerfully plead guilty to the charge.

If anything more than this is meant, then we deny the charge, and demand of its authors their proof. But if refusing to use alcoholic drinks, as beverages, makes a man "an *ultraist*," we suppose a refusal to keep the mouth full of tobacco would make a man "an *ultraist*" on that subject. And by the same process of reasoning, a refusal to make *opium* an article of diet would constitute "an *ultraist*" on that subject.

Again, if a man does not, himself, use any particular article of diet or drink, and is therefore, according to the logic of our respected cotemporaries, "an *ultraist*," does such *ultraism* incapacitate him for judging correctly of the effects of such articles upon others? If it does, will our Cleveland and New York cotemporaries inform us *just* how many drinks per week or per day, will be sufficient to remove the charge of *ultraism*, and render us capable of judging correctly concerning the effects of alcohol on others? From what we had seen in our ordinary intercourse with men, we had not supposed that the use of alcoholic drinks either improved the intellectual faculties, or rendered the judgment more reliable. Neither had we discovered that an *appetite* for those drinks rendered the mental operations any more impartial or correct.

Finally, what has our individual opinions in reference to the propriety or impropriety of the use of alcoholic drinks, as beverages, to do with a simple record of facts in relation to a given number of cases of tuberculosis?

The reviewer in the New York journal, goes so far as to bring up the "Maine Law," and to give us the benefit of his opinion on that statute. Now, we ask again, what has our

"uncompromising teetotalism," or even the "Maine Law" to do with the record of cases of tuberculosis, given in the paper we had the honor to present to the American Medical Association?

Our New York critic complains that the reasoning in our paper was not *logical*. Perhaps the following *syllogism* would be regarded by him as *logically* correct, viz:

Dr. Davis has reported 210 cases of pulmonary tuberculosis and their relation to the use of alcoholic drinks.—

Dr. Davis is an "*uncompromising teetotaller*"—

Therefore, the cases of tuberculosis reported by Dr. Davis are of no value.

In the introduction to our paper, we stated as a reason for recording cases, that the idea had been extensively promulgated that alcoholic beverages, including wine and beer, were capable of preventing or retarding pulmonary tuberculosis. In regard to this, the writer in the *American Medical Monthly* says: "We do not remember to have seen or heard the *idea* announced, which was the cause of the statistical record of our author." Did that writer ever see or hear of a valuable work known as "Wood's Therapeutics and Pharmæcology"?

If he will turn to Vol. 1, page 666, of that work he will find the *idea* very plainly announced in the following paragraph: "Nature, while planting in so large a proportion of the human family a disposition to scrofulous or tuberculous complaints, seems to have provided, in the *fermented liquors*, what, if properly used, may be considered in some degree a *counteracting agent*."

But Dr. Wood does not restrict the prophylactic influence to "fermented liquors" alone; for on the next page he says, "Physicians have often noticed that drunkards seldom die of phthisis."—And again: "Out of 117 cases of confirmed drunkards, whose bodies were examined after death by Dr. Oysten, there were only two who exhibited any evidence of tuberculous disease of the lungs."

We doubt whether a respectable work, on either materia medica or practical medicine, has been published in this country during the last eight years, that does not clearly

announce the idea, that alcoholic drinks are more or less prophylactic against phthisis. And if our New York critic has never seen or heard of that idea, we fear he has given himself more trouble about the *Maine Law*, than about the ordinary text-books of the profession.

Again he says: "Now, does phthisis pulmonalis prevail among them (those who drink wine, beer, or stronger spirits) more than among teetotallers? Do those who are of tuberculous families develop this disease more certainly or more rapidly if they use these beverages, than if they totally abstain?" And then he complains that our conclusions are not "logical answers" to these questions. Certainly they are not; and for the very good reason, that they are not the questions we had under consideration. We did not entertain or discuss the question whether alcoholic beverages were *causes* of phthisis! But exactly the reverse, namely, whether they were *preventives* or prophylactics.

Having carefully recorded 210 cases, and finding that of the whole number, 68 had habitually used these beverages, from one to twelve years before the active symptoms of phthisis were noticed; 91 had used them occasionally; and 51 not at all; and on further examination, finding that among the 68 habitual users of these beverages were men of all classes, from the day laborer to the judge of the higher courts, and of all degrees of freedom in such use, from a single cup of beer at meal time, to such excess as ended in delirium tremens, we very naturally, if not *logically*, drew the inference, "That neither the action of alcohol on the functions of the human system, nor the actual results of experience, furnish any evidence that these stimulants are capable of either retarding or preventing the development of tuberculosis."

If one man drinks a mug of ale at each meal for five years, and at the end of that time is found to have genuine tubercular phthisis—if another drinks wine in a similar manner and with a similar development—and if a third drinks a glass of whisky from one to three times a day for a similar series of years, and yet finds himself laboring under the same disease, what is the legitimate conclusion? Why, simply that these

drinks did not prevent the development of the disease. Is there any want of logic in that? If on extending the inquiry we find 50 or 100 similar cases—or quite as many of that character as of those who do not drink any of those beverages, then we may legitimately and logically vary the conclusion, and say that these drinks have *no power* to prevent the development of phthisis. But the reviewer in the *Cleveland Medical Gazette* says: "We are satisfied the *present* experience and opinions of the mass of the profession do not coincide with those presented by him." We do not doubt the correctness of this statement. And it is precisely for that reason that we called the attention of the profession to the cases and inferences contained in our paper. If we had supposed that the conclusions at which we arrived, in reference to the prophylactic powers of alcoholic drinks, were already the generally received opinions of the great mass of the profession, we should have deemed it an unjustifiable waste of time, to have occupied the attention of the Association with the subject. But how long is it since it was in accordance with "the *experience* and opinions of the great mass of the profession" to keep consumptive patients carefully excluded from the open air, and confined in warm rooms with anti-phlogistic medicines? How long is it since it coincided with the "experience and opinions" of the profession, to treat almost all the fevers and phlegmasiæ with venesection and anti-phlogistics? Can any one say that "the *present* experience and opinions of the mass of the profession" are any more infallible than the *past*? We wish our cotemporaries would give us fewer mere *opinions*, and more carefully recorded facts.

WESTERN ARMY MEDICAL MATTERS.—In accordance with a general order from the Secretary of War, Gov. Yates has appointed the following gentlemen an Examining Board for applicants for Surgeoncies and Assistant Surgeoncies to the volunteer forces, mustered into the service of the United States from this State: Prof. H. A. JOHNSON, M. D., Chicago, President; Drs. Bryan, (Sycamore,) Davis, (Paris,) Roskoten, (Peo-

ria,) and Wing, (Collinsville.) These gentlemen have been in session at Springfield some three weeks, and will probably remain in session until about the 15th inst. On the 8th, we learn they adjourned to Cairo, for examinations at that place, for one week. A letter from the President, to the junior editor, under date of July 2, says: "We have examined twenty-one applicants and passed *seven* to the grade of Surgeon, and, as you will understand, the results of our labor have been to disturb the relations of some who have been heretofore attached to regiments." So far as we learn, the action of the former Board, which was purely a State affair, has been very fully endorsed by the present one, and the allusion in the last sentence of Dr. Johnson's letter, we take to be to a number of independent gentlemen who refused to come before the former Board for examination, but relied for their appointments upon political influence and favoritism.

The rules to be observed in appearing before the present Board, are similar to those of the regular army Boards. Applications must be made to the Governor for permission to appear for examination, which application must be accompanied by respectable testimonials of professional, moral and physical qualifications. Permission being given, the applicant presents his order for examination to the Board, by which it is registered, and in due order, he is summoned for examination; surgeons already attached to regiments having priority over those unattached. The appointments to service are made by the Governor, usually on recommendations of the colonels.

—OWING to the changes, and consequent confusion arising from the above action, we are unable to present, as we had hoped to, anything of particular interest of camp and field practice, from special correspondents, but give what we deem worthy of note from other sources.

Notwithstanding a considerable amount of sickness during the wet season, which prevailed during the early part of the campaign at Cairo, the general health at that point is good. In some positions of unusual exposure there are reported a number of cases of typhoid fever, and one death on the 30th

ult. The *Cairo Camp Register* of June 15th, reports 772 cases of sickness, treated at the hospital there, from the 27th day of April, and up to that time, we believe, *no deaths* had occurred, in the hospital, certainly a remarkably favorable exhibit for a locality so much dreaded.

—SUB-COMMITTEE B, of the Sanitary Commission, elsewhere noticed, consisting of the Rev. Dr. Bellows of New York, and Drs. I. S. Newberry of Cleveland, and W. H. Murray of Cincinnati, have made a satisfactory official inspection of the company quarters and regimental hospitals at Camp Defiance, and Dr. Wright, of Cincinnati, Surgeon-in-chief of the Department of the West, (?) accompanied Major-General McClellan on his late visit to the same post—Dr. W. inspecting the hospitals. Eight or ten women-nurses are on duty in the Cairo hospitals, under charge of Mrs. Yates of this city, acting under authority from Miss Dix, and, as we learn, with the happiest results.

—IN THE REGIMENTS stationed at Chicago, there has been an epidemic of measles, and one or two cases of typhoid fever have occurred. There have also been a few surgical cases, one of a gun-shot wound in the face with buck-shot and shingle nails, causing very severe laceration; another of a bayonet-stab in the chest; a private in the Irish Brigade broke his leg by falling from an upper window of the barracks—was removed to the Mercy Hospital; several cases of hernia and contusions also occurred among the German Dragoons—but in all the foregoing cases, recoveries have been made, or are satisfactorily progressing.

ARMY SANITARY COMMISSION.—The President, at the request of the Medical Bureau of the U. S. Army, has appointed Rev. HENRY W. BELLOWES, D. D., President; Prof. A. D. BACHE, Vice-President; ELISHA HARRIS, M. D., Corresponding Secretary; GEO. W. CULLUM, U. S. A., ALEX. E. SHIRAS, U. S. A., ROBERT C. WOOD, M. D., U. S. A., WM. H. VAN BUREN, M. D., WOLCOTT GIBBS, M. D., SAMUEL G. HOWE, M. D., CORNELIUS R. AGNEW, M. D., and J. S. NEWBERRY, M. D., and GEO. T. STRONG, Treasurer, a *Commission of In-*

quiry and Advice in Respect of the Sanitary Interests of the United States Forces. This *Commission* and its plan of organization meets the approval of the War Department, and all persons in the employ of the U. S. Government are directed and enjoined to respect and further its objects to the utmost of their ability. The Surgeon-General also issues an order in its behalf. The Plan of Organization, as published, proposes, in brief, to do to the fullest extent what is implied in the title we have given, viz: first, to *inquire* into the theoretical, actual and desirable conditions of the troops; and second, to *advise* with the Government, Medical Bureau and War Department as to what steps are necessary to insure the highest sanitary condition of the army in every point of view; to see to the carrying out the orders, emanating from their counsels, and to advise with State Governments and benevolent associations, to the end of securing harmony of plans and actions, and abundant supplies of money and goods.

If the *Commission* does not fail to accomplish anything, by attempting to do too much, nor fritters away in petty details, time, which should be spent in laying broad, comprehensive plans, with the execution of which the Medical Bureau and the War Department would be naturally charged,—if it avoids these errors, then we cannot but hail this as one of the most notable epochs in the medical history of our times,—since it not only secures the benefits of the most scientific treatment and counsel to the largest and most valuable volunteer army the world ever saw, but it establishes a precedent, in the recognition by government of the value and importance of the Medical Profession, from which good cannot fail to accrue.

PERSONAL.—PROF. FRANK H. HAMILTON, the eminent New York surgeon and author, has been appointed to the 31st Regiment, N. Y. V. M.... DR. LUTHER V. BELL, formerly in charge of the McLean Insane Asylum, Mass., has been appointed to the 11th Mass. Regiment.... DR. ELISHA HARRIS has withdrawn from the editorial staff of the *American Medical Times*, in order to devote himself more thoroughly to the

duties of the Corresponding Secretaryship of the Army Sanitary Commission....HENRY GRAY, the eminent anatomist, and author of the popular text-book, died recently in London of confluent small-pox, æt. 36....CLEMENT A. FINLEY, M. D., the present Surgeon-General, is a native of Ohio, and has been in the service forty-three years. DR. SATTERLEE, also of Ohio, we believe, is the next oldest Surgeon on the list.

VOLUNTEER WOMEN NURSES.—Miss DOROTHEA L. DIX has been appointed Superintendent of the women nurses, who are hereafter to be supplied to the hospitals, during the war, in obedience to the demands of public sentiment and the humane instincts of the age. Associations are at work in some of the Eastern cities, selecting and training applicants for such service; and some of the Military Hospitals in this State, as elsewhere, have been already supplied. Mrs. YATES, of this city, is the Matron-in-Charge for this State, with her head-quarters at Cairo.

THE SURGEON-GENERAL authorizes the several medical directors of the army, when they have reason to doubt the professional competency of any of the medical officers under their charge, to organize a board of not less than three medical officers, which shall examine said officers of questioned professional capacity, and decide whether they are competent to the performance of their duties. If the decision of the board is adverse, they will cease to be in the military service of the United States.

WE REGRET to learn that the issue of Dr. GIBBS' proposed *Year Book of American Contributions to Medical Science and Literature*, is postponed on account of the paucity of subscribers, troublesome times and the pecuniary embarrassments of the masses. The Dr., however, convinced of its utility, announces his readiness to undertake it at any time when there shall appear a hope of its paying expenses; and, meanwhile, proposes preparing a *Summary* of medical journal literature which will enrich the pages of that enterprising publication, the *Phila. Med. and Surg. Reporter*.

TOUGH LUNAR CAUSTIC POINTS are prepared by the English druggists, by the addition of two per cent. of some adhesive material, which, while not interfering either with the efficacy of the caustic, nor its solubility, renders the nitrate perfectly tough, and as readily cut and pointed as an ordinary slate pencil. They are cast in small conical points, an inch long, and of the diameter of an ordinary lead pencil.

A MEDICAL SHARPSHOOTER.—The *Lancet* says that Dr. Burke Ryan, the surgeon to a rifle regiment, has greatly distinguished himself in rifle shooting, and has been awarded some prizes. The habitual steadiness of practicing surgeons, with their accustomed consentaneous action of eye and hand, should make them good marksmen.

The *Reporter* remarks, that military surgeons, although technically non-combatants, are sometimes obliged to act on the defensive, and a little practice with weapons would be advantageous to them.

ABSENCE OF THE UTERUS.—Dr. R. N. NELSON (*Am. Med. Monthly*), reports three cases of absence of the womb in one family of five sisters, in his own practice. They are described as women of more than ordinary personal attractions—indeed the Dr. enters into the details of their appearance *con amore*. All three have been, or are married, the two elder ones twice, and live quite happily in their marital relations. Of the remaining two, one is married and a mother, and the youngest of the five, who is still unmarried, menstruates regularly, and, to use the words of the writer, “is without defect.” The three, without uteri, differ otherwise only from the others in being sparer in flesh, with thin lips and small mammæ, while the latter incline to *embonpoint*. The cases are interesting, as all occurring in one family.

“ONWARD!”—One of the little pellet-men down in Missouri, knowing our fondness for the humbug, has sent us his valedictory address, recently delivered, and closing with a plaintive appeal to the graduating class to “shout *onward!*” throughout the troublesome paths of a weary world.” He, himself, shouts “onward!” after this fashion: “But, mark me, gentlemen, if any of you, at any time in your professional career, mistake a dislocation of the inferior maxillary bone for a dynamic disease of the organs, and prescribe your pills, or your powders, your tinctures, triturations, or dilutions, to effect its reduction, your Alma Mater forthwith disowns you, and you deserve no better fate than that

your own jaws be dislocated and held so forever, by permanent ankylosis." What a terrible fate is in store for some of them; the homœopathic "Alma Mater" will be orphaned. But then the charitable old creature will still allow them, at least hereaways, to diagnose measles as small-pox, and send their poor, unfortunate patients to the pest-house with well-marked cases of *rubeola*.

CO-EXISTENCE OF DISEASES.—DR. JOHN SWINBURNE, in a letter from the Albany Military Hospital, to which he is attached, to the *Philadelphia Med. and Surg. Reporter*, remarks: "We have received several [patients] with two diseases, as gonorrhœa and *rubeola*, vaccina and *rubeola*." Whereupon the *Reporter* interlines the query, "Both in distinct progress at the same time?" And to which we answer, Yankee-fashion, by asking, Why not? Is there anything prophylactic of measles in gonorrhœa, or of vaccina in measles, or *vice versa*, and if not, why should they not be "in distinct progress at the same time?" Dr. Bulkley wrote, in 1851, "the co-existence of two febrile exanthemata in the same individual has now been observed in so many instances, and so many cases of it are now on record, that its occurrence may be considered as beyond doubt." And in the appendix (C) to his edition of *Gregory on Eruptive Fevers*, he cites numerous cases in proof, recorded by such men as Drs. John Watson, Tracy, Withering, and Messrs. Gilder, Little, Barnes, Marson, Barthez and Rilliet and Levy; and in closing, remarks, "we could add still further proof that the febrile exanthemata do exist together in the same individual, and run their course simultaneously, but feel that the point is too well established to call for any more extended notice of the subject."

CONSERVATIVE SURGERY.—A correspondent of the *Dublin Medical Press* cites the following instance of the *vis medicatrix naturæ* as unique, as, if true, it undoubtedly is. The union of the smaller bones, such as the phalanges of the fingers and toes, is by no means uncommon, as witness the case reported in the present number of the EXAMINER, and the experience of any surgeon of a dozen years' practice; but the re-union of such large bones as the ulna and radius, when the soft tissues, nerves, vessels, etc., have been divided, and nutrition, apparently, entirely cut off, is certainly remarkable:

In the Life and Opinions of General Sir Charles James Napier, G.C.B., by Lieutenant-General Sir W. Napier, K.C.B.,

vol. iv, Sir Charles says: Hunter, (General,) who is here, told me a curious thing. Showing me a large sword, which cut off his arm at Burthpoor when leading the assault, he said, that on the rampart a giant, in complete armor, whirling this sword, met him. Hunter held his sword up in defence, but to use his own words, the giant sent it with a *whirr* into the air. Hunter then held up the scabbard, but the blow went through it and his arm, just below the elbow, leaving merely *a bit of skin uncut*. He fell sitting, and held his severed arm in his right hand, while an officer tied a sash above the wound to stop the hæmorrhage: then a surgeon came up, put the *two ends together* and tied them, *and they united*.

CHLORATE OF POTASH IN VARIOLA.—Dr. J. T. REED communicates to the *American Medical Times*, his experience in the use of chlorate of potash in small-pox, with which he treated eighteen out of twenty-two cases, five being of the confluent type, during the months of March and April, last. The advantages claimed are an entire absence of the dyspnœa during the suppurative stage, so constant and troublesome a symptom in variola, “and which was so common with the others, treated with acet. ammon., Rochelle salts, and a Dover’s powder, to induce sleep and rest.” He says there were some as well-developed cases of the confluent type among those treated with the chlorate, as in those that occurred before he relied exclusively on the salt. “They appeared equally severe, perhaps severer, than any of the former ones. Yet in no instance did they suffer or complain of symptoms of suffocation. What to attribute it to, other than the remedy,—chlorate of potash, freely used,—I know not.”

During the last epidemic of small-pox in this city, in the winter of 1857, we were accustomed to exhibit the chlorate in all cases that assumed a typhoid condition, and with markedly beneficial results. But the object sought after then, was a more thorough oxygenation of the blood, and, indirectly, a stimulus to the nervous system, through this natural agency. For the same reason, we consider it applicable in all the eruptive fevers, where there is any evidence of an imperfect arterialization of the blood,—as shown by lividity of the lips and complexion, coldness of the extremities, and sense of oppression in the præcordial region. We seldom treat a case of scarlet fever, now, without using this remedy; and we have been led to infer from its uniformly good effects, that it may possess some specific action in counteracting the blood-poison, or whatever morbid agent it is, which determines the character of the eruptive

fevers,—either by the more thorough oxygenization of the blood, or in some unknown mode.

REGENERATION OF NERVE-FIBRE.—Prof. DALTON's experiments on the reproduction of exsected nerves, acquires considerable importance in view of the radical cure for neuralgia so favorably spoken of at the present time. In one of his experiments, a half-inch of the facial nerve of a cat was re-produced in three and a-half months. Bidder, in Germany, and Valentine, in Switzerland, assert that a nerve may be regenerated if extirpated to the extent of three-fourths of, or even an entire inch. In Prof. D.'s lectures on the physiology of the cranial nerves, recently published in the *Am. Med. Times*, he, also, cites experiments, proving, not only that corresponding nerve fibres may be made to unite with each other, *e. g.*, the filaments of the upper branch of the brachial plexus in a cock, with those of the lower branch, and *vice versa*, as M. Flourens had caused, but that filaments of a purely sensitive nerve could be made to unite with those of a purely motor nerve, anatomically, at least, if not physiologically. The experiments proving this last, were made by Messrs. Gluge and Thiernesse, and are interesting enough to warrant us in appending them: They operated upon two of the cranial nerves, one almost exclusively sensitive, the other almost exclusively motor, viz: the lingual branch of the fifth pair, and the hypoglossal. A wound was made in the side of the neck, and the lingual and hypoglossal nerves were exposed and divided. Then the extremity of the lower part of the hypoglossal was simply united with the extremity of the upper part of the lingual, and the wound was closed. But upon examining the animal afterward, it was found that in this case all four extremities of the divided nerves had united together into a single cicatrix; so it was impossible to tell which nerve had united with which. In order to avoid this difficulty, the plan was afterward adopted of uniting together, as I have already said, the lower part of the hypoglossal and the upper part of the lingual, and then dissecting out the remaining portions of each nerve, for the full extent of the wound. The two nerves, the lingual and hypoglossal, were thus allowed to remain in contact with each other; and at the end of a certain time it was found that they had united with each other by a firm ribbon-like cord, which contained in many instances nervous filaments completely distinguishable by the microscope. Notwithstanding this union, however, a galvano-electric discharge, passed through the lingual nerve, did not produce any contraction in the muscles of the tongue below, demonstrating the fact that

although sensitive and motor filaments might become united anatomically with each other, there was, nevertheless, no physiological relation between them, and no nervous stimulus could be communicated from one to the other. Now, in doing these experiments, various other points were established at the same time. For example, it was found, after exposing the hypoglossal nerve, that on grasping it with the forceps, certain signs of pain were produced. Now, we know that this is exclusively a motor nerve at its origin, but there are certain sensitive filaments which afterward enter into its composition, and which are due to inoculation with other cranial nerves. In the same manner the facial nerve, which is itself exclusively motor, receives sensitive filaments from certain branches of the fifth pair. The converse is true with regard to the lingual branch of the fifth pair; for although sensitive at its origin, it is joined in its course by a fine bundle of motor filaments, constituting the *chorda tympani*. Thus both these nerves, although exclusively motor or exclusively sensitive at their origins, become mixed nerves before they reach their final distribution.

CANNABIS INDICA.—Dr. J. R. Reynolds, of London, gives a very valuable paper on "Some of the Therapeutical Uses of Indian Hemp," in the *Archives of Medicine*, in which he asserts that the uncertainty of its action is due to the disregard of one of the following conditions: the choice of a proper case, of a pure article, and the exhibition of a proper dose. Its qualities are soporific, anodyne, and anti-spasmodic; it relieves pain, and spasm, and conduces to sleep; in doing either of these it usually promotes diaphoresis and diuresis; whereas it does not leave behind it headache or vertigo; nor does it affect the appetite nor confine the bowels.

Its beneficial effects are illustrated, 1. In cases of mental or emotional disturbance. 2. For the relief of certain kinds of pain. 3. In certain forms of convulsions. On the other hand, it was absolutely useless in most cases of epilepsy, hypochondria, and the various hysterical affections. To give a bird's eye view of the whole subject, the remedy was, for the relief of

EMOTIONAL DISTURBANCES.

Successful in—1. Deranged cerebral circulation, with pain and delirium. 2. Incipient insanity after yellow fever. 3. Senile ramollissement.

Unsuccessful in—1. Hypochondriasis. 2. Temporary, recurrent religious melancholy. 3. Insomnia with diabetes.

PAINFUL AFFECTIONS.

Successful in—1. Nervous irritation from carious teeth. 2. Probable tumor of brain. 3. Probable thickening of spinal meninges. 4. Hemorrhage at roots of 8th and 9th nerves. 5. Syphilitic meningitis. 6. Hemierania.

Unsuccessful in—1. Sciatica. 2. Hysterical hip-joint. 3. Hysterical headache.

AFFECTIONS OF MOTILITY.

Successful in—1. Meningitis. 2. Intense cerebral congestion. 3. Obstinate nervous vomiting. 4. Recurrent convulsions.

Unsuccessful in—1. Epilepsy.

It does not, like opium, purchase present relief at the expense of future misery. The value of the medicine seems enhanced, because the limitation of its action will enable us to apply it with scientific selection.

A Holland physician, FRONMÜLLER, has also lately produced a treatise on the Indian Hemp, which article he has made an especial study during the past ten years; and his treatise is based upon the clinical observation of no less than a thousand cases of its use. We have space only for a summary of the conclusions at which Dr. FRONMÜLLER arrives, which we copy from the *Amer. Jour. of the Med. Sciences*, which in turn reprints from the *B. and F. Med. Chir. Rev.* 1861, from *Vierteljahrsschrift für die practische Heilkunde*, 1860. As the result of his observations FRONMÜLLER asserts: 1. That Indian hemp, among all the known medicines which cause stupefaction, is that which produces a narcotism most completely supplying the want of natural sleep, without occasioning any great excitement of the vascular system, without special stoppage of the secretions, without the supervention of unfavorable consequences, and without subsequent paralysis. 2. That Indian hemp, on the other hand, is not so strong nor so certain in its operation as opium. 3. That Indian hemp may be given in all acute inflammatory diseases and in typhus fever. 4. That it is worth a trial to alternate the Indian hemp with opium, in cases where the latter fails. 5. That the best mode of administration is the alcoholic extract, in small pills which contain an addition of the powder of Indian hemp. The lowest dose for producing sleep may be estimated as eight grains given in pills of one grain each.

The Editor of the *Journal* adds a caution about the use of such large doses, where the extract is of the best quality; and we opine it will be found safer to adhere to the customary mode of administration, commencing with small doses and gradually increasing.

Special Notices.

SUMMER TERM AT THE LIND.—*One recitation and one familiar explanatory lecture daily until the first Monday in October, on the following branches: Materia Medica and Practical Medicine, Prof. J. H. Hollister; Anatomy and Surgery, Prof. R. N. Isham; Chemistry, Prof. F. Mahla; Obstetrics and Diseases of Women, Prof. H. A. Johnson; Clinical Surgery, Prof. E. Andrews; Clinical Medicine, Prof. N. S. Davis.*

Cliniques at Mercy Hospital, from 9 to 10 A. M., in the Medical Wards, service of Prof. DAVIS, on Tuesdays and Fridays; in the Surgical Wards, service of Prof. ANDREWS, on Mondays and Thursdays. At Marine Hospital, from 9 to 10 A. M., service of Prof. ISHAM, on Wednesdays and Saturdays.

At Chicago Dispensary, from 2 to 3 P. M., Surgical Cliniques, service of Prof. ANDREWS, on Wednesdays; Diseases of Women and Children, service of Prof. BYFORD, on Saturdays.

Lectures on Military Surgery, by Prof. ANDREWS, in the Amphitheatre of the College, on Wednesday and Saturday afternoons, from 5 to 6.

THE DISPENSARY of the Chicago Charitable Eye and Ear Infirmary, in Ewing's Block, corner of North Clark and North Water Streets, is open daily, from 11½ to 1 o'clock, for the gratuitous treatment of the poor, afflicted with diseases of the Eye or Ear. Drs. E. L. HOLMES and E. POWELL, attending Surgeons; Profs. D. BRAINARD, M. D., and J. W. FREER, M. D., Consulting Surgeons.

THE CHICAGO DISPENSARY, in Lind's Block, on Market St., near Lake, is open every afternoon from 2 to 3 o'clock, for the gratuitous treatment of the indigent sick. Profs. W. H. BYFORD, M. D., and E. ANDREWS, M. D., Physicians and Surgeons in charge.

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